

College Students on Campus with Chronic Illnesses: Resources and Recommendations for New

Methods of Care at Drew University

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Motivation For The Study

While this study was designed based on my own curiosity as to whether Drew's policies and procedures were adequate when assisting students who have chronic health conditions, it was also rooted in my past experiences of having to identify as an individual who has a chronic health condition. Growing up with a chronic health condition showed me there are an abundance of additional resources in place for people like me, people who handle challenges that are not shared with the common public. I have been involved with many institutions, from elementary school to the present, where I have had to self-identify as a person with a chronic health condition and to undergo the process of obtaining accommodations; with that, I have experienced the stress that such a process demands. While the goal of this study was to assist Drew University in understanding and supporting students with chronic health conditions, it was also written for students who share a similar story as I, students who are achieving their academic dreams even when faced with great hardships. I hope this acts as motivation to other students out there to continue advocating for themselves in what they need, as accommodations are there because we deserve and are entitled to them.

Abstract

Accommodations are established in educational institutions to better assist individuals who experience unique challenges, and with that, have unique needs. The present study investigated the procedures and policies in place at Drew University for students with chronic health conditions to utilize resources and obtain accommodations. The departments and personnel at Drew University who are tasked with the identification and implementation of those resources and accommodations were selected for close review, interviews, and analysis, to explore the services each department provides, the procedures established to assist students with chronic health conditions, the accommodations that assist these students, and the challenges these students experience when obtaining accommodations and resources from the different departments. Analyses indicate that Drew University has appropriate procedures and processes in place for students to obtain accommodations. However, it was also found that they do not have an easy, clear and consistent method for disseminating their resources to students. It was also found that students with chronic health conditions may not possess the necessary skills to self-identify and effectively self-advocate for their needs when obtaining accommodations. Recommendations were formulated to better assist each department on how to educate students about their resources and advertise their resources to students, along with recommendations on how to disseminate that information among both students and other departments. Finally, suggestions were made on how to help students self-identify and self-advocate for their needs.

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Chronic Physical Health Problems in College Students

A substantial number of college students have a chronic health condition. The term “chronic illness”, or “chronic health condition” (CHC) can be very broad, as they cover many physical conditions that cause varying impairments in people's lives. According to the Centers for Disease Control and Prevention, chronic illness can be defined as, “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both” (National Center for Chronic Illness Prevention and Health Promotion, 2021). The most common types of illnesses that have been recorded in the American population are allergies, asthma, diabetes, chronic fatigue syndrome, Crohn’s disease, irritable bowel syndrome (IBS), and cystic fibrosis, with over 60% of individuals living with a chronic health condition (National Center for Chronic Illness Prevention and Health Promotion, 2021). The most recent statistics reveal that 24% of college students have a chronic illness or disability (Chu, Fuentes, Marshall, and Mirin, 2020). Additionally, among first-year students, 27% reported having a CHC (Herts, Wallis, & Maslow, 2014). Past studies on college students with CHCs have included a variety of health disorders, including irritable bowel conditions, autoimmune diseases, cancer, and diabetes (Trindade, Duarte, Ferreira, Coutinho, & Pinto, 2018; Trindade, Ferreira, & Pinto, 2017; Ravert, Russell, & O’Guin, 2017; Royster & Marshall 2008).

Due to the issues associated with CHCs (National Center for Chronic Illness Prevention and Health Promotion, 2021), such as mental health problems and costly medical bills, college students with CHCs are entitled to protections, in attempts to help them function and manage their symptoms better while they are pursuing their education. The Americans with Disabilities Act and Title IX grant these students appropriate accommodations, which these students can access through their school (College Students with Chronic Health Conditions, 2020).

Accommodations include, but are not limited to, education in regular classrooms, education in regular classes with supplementary services, and/or special educated related services, and vary depending on the type and severity of the chronic health condition (Protecting Students With Disabilities, 2020). The purpose of this thesis is to examine and evaluate the current resources, and with that, accommodations that are in place to assist students with CHCs. Through conducting interviews with different department staff at Drew University, the usefulness of those resources and insight into the steps involved in the accommodating process can be deduced.

Challenges for College Students with Chronic Health Problems

College students with CHCs have many barriers to overcome; the physical challenges associated with these health conditions require extensive time and effort to manage, and such effort can impact psychological and emotional functioning and well-being. CHCs affect psychological and emotional functioning because the nature and timing of symptoms may be unpredictable. People with CHCs live with a “baseline of unwellness that is interrupted by periods of exacerbation and remission, relapse and remission” (Vickers 2000, p.134). They undergo unique struggles due to a repetitive cycle that having CHCs and the stress that is associated with living under those health conditions creates, which then further exacerbates symptoms of their chronic condition. Students with CHCs that have more debilitating physical symptoms experience a harder time functioning with their illness, which makes them have more challenges when it comes to understanding and perceiving how to manage their health condition in everyday life (Held, 2017).

Illness intrusiveness can be a reason why college students with CHCs may struggle to manage their illness. Illness intrusiveness is, “the subjective perception of interference associated

with one's condition” (Mullins et al. 2017, p. 353). This risk factor has been related to anxiety and depression, as it affects behavior that is associated with poor psychosocial outcomes, which determines disease severity (Bakula et al., 2019). Health conditions cause disruptions in lifestyle, activities, and interests which negatively impact mental health outcomes. College students with CHCs experience these disruptions and have to manage the corresponding psychological symptoms (Bakula et al., 2019).

Illness intrusiveness is one example of many that show how people with CHCs are impacted with respect to overall functioning. It has been shown that many individuals who have a CHC display negative ideas and understandings about their condition. There are a few reasons why these negative ideas and understandings form, such as having poor perceptions about their own independence and lacking beneficial interpersonal relationships. Also, many with CHCs feel as though they are not being understood by others, as well as experience extreme feelings of isolation, helplessness, and burdensome (Casati, Toner, de Rooy, Drossman, & Maunder, 2000, Trindade et al., 2018; Taylor, 2006, as cited in Trindade et al., 2018). Negative self-perceptions become a risk factor in itself when attempting to receive help on campus. Students with health conditions are more hesitant to seek health services because they don't perceive a need for professional help, but rather believe their issues will resolve by themselves (Edwards, 2017). It is more common for these students to believe that signing up for such college resources is burdensome and would be useless towards their specific challenges than for them to believe that such resources are designed to alleviate their academic and social responsibilities, which could be affected by their CHC (Held, 2017). Taken together, these findings suggest that the experience of CHCs impacts students' help-seeking behaviors, and as a result, they may not have the accommodations or resources they need to succeed.

Not surprisingly, as a result of both the physical symptoms associated with CHCs and the stress that comes with managing such conditions and symptoms, students with CHCs often have psychological and mental health problems (Beauchemin, 2015). For example, students with CHCs have a constant fear of experiencing a disease-related flare-up in social settings (Rhodes et al., 2018). Edwards (2018) found that students with physical illnesses also report clinically significant psychological difficulties, such as fear, sadness, anger, and irritability. In addition, Johnston et al. (2021) revealed that the prevalence of clinically significant symptoms of anxiety and depression were alarmingly high for students with CHCs. In their sample, 36% of college students with CHCs reported clinically significant levels of anxious symptoms, and 45% of students with CHCs reported clinically significant levels of depressive symptoms, which is much greater than the national estimates for healthy students (Sharkey et al., 2018). In general, mental health disorders are more prominent in those who have more severe physical symptoms due to their health condition (Mullins et al., 2017; Sharkey et al., 2018; Trindade et al., 2017).

The mental health challenges that college students with CHCs face are even riskier for students at the beginning of college. First-year college students report lower health related quality of life and greater loneliness as compared to their healthy peers (Herts et al., 2014). In addition, first-year students with CHCs experience higher levels of suicidal ideation and attempts, as well as self-injurious behaviors (Barnes et al., 2010; Ferro et al., 2017).

As students enter college, they are required to multitask between their two roles: an individual dealing with a physical disability and being a college student. Johnston et al. (2021) suggests that students with CHCs struggle with independent management of their medical condition, accessibility, and transitioning healthcare. In a study by Rhodes et al. (2018), 49% of college students reported that they had difficulty adjusting to college life, in part because they

perceived that they managed their illness poorly, which impacted college planning. This resulted in an increased challenge with academic adjustment, attachment to the institution, and social adjustment. Similarly, Mullins et al. (2017) found that first-year students with CHCs experience changes in environment, increased educational expectations, and changes in social support, which are exacerbated when combined with the burden of managing a chronic health condition .

College students with CHCs have specific behavioral issues and risk factors because of the impact of their physical illness. Risk taking behavior is a common behavioral problem that college students with CHCs experience (Jonston et al., 2021). This is true, especially for first-year students, who, according to Davis and Paro (2020), were more likely to engage in risky alcohol consumption, putting their mental and physical health at increased risk. Heath et al. (2017) suggests that young people with CHCs are at risk of using poor coping strategies because of the negative views they have about their own illness .

Shame is an additional risk factor due to the unique challenges students with CHCs face. Vickers (2000) refers to this shame as “felt stigma”, or “the shame associated with illness because it’s seen as an infringement on societal norms relating to identity or being, and to the stigmatized ideas others have of what's acceptable to act and identify as" (p. 140). Shame is most salient when it’s attached to visible CHCs, such as inflammatory bowel disease (Trindade et al., 2017). People who experience more physical symptoms from their CHCs also experience more shame, which then creates feelings of self-blame and depression (Trindade et al., 2017). People who have CHCs in general usually hold negative perceptions about having an illness, and that affects their overall functioning. It has been shown that negative ideas and understandings about CHCs originates from poor perceptions about independence from others, decreased quality in interpersonal relationships, feelings of not being understood by others, feelings of isolation and

helplessness, as well as feelings of being a burden to others Casati et al., 2000, as cited in Trindade et al., 2018; Taylor, 2006, as cited in Trindade et al., 2018). The shame due to having a CHC is so strong that people avoid dealing with the negative mental health symptoms relating to their CHC, all resulting in a low quality of life (Trindade et al., 2018).

In addition, students with chronic illnesses often have a fear of receiving compassion, which has a negative impact on the quality of their social relations. It was found that receiving compassion for one's illness fuels the feeling of shame about their condition, which affects their social relationships (Trindade et al., 2018). Shame makes people with CHCs not able to handle receiving compassion, and instead makes them isolate further. The isolation that comes from either poor perceptions about their CHCs or the physical demand it puts on these students, results in them not receiving proper social support (Heath et al., 2017).

College students' social interactions and relationships suffer when these individuals have a hard time coping and managing their CHCs. Students who have negative perceptions about their CHCs sabotage social relationships because they feel as though others around them believe their illness hinders their abilities. Such feelings include not being understood by others, feelings of isolation and helplessness, as well as feelings of being a burden to others (Casati et al., 2000, as cited in Trindade et al., 2018; Taylor, 2006, as cited in Trindade et al., 2018). They become more isolated and helpless, resulting in a decreased quality in interpersonal relationships (Trindade et al., 2018).

Chronic Illness and Academic Performance

Academic challenges, low graduation rates, and problems with attendance are further consequences of having a chronic health condition. Sharkey et al. (2018) and Trindate et al. (2018) include a number of studies where students with CHCs report greater absenteeism and

more difficulties in graduating when compared to healthy peers. Poor attendance in school can cause feelings of unworthiness and insignificance (Heath et al., 2017). Graduation rate is similarly impacted; as of 2016, only a 16% graduation rate was shown for students with CHCs, compared to a 50% graduation rate for students without CHCs (Carroll et al., 2016, as cited in Davis & Paro, 2020).

Academic performance is also affected by mental health challenges, which students with CHCs experience at higher rates. Symptoms of depression are associated with considerable academic impairment (Deroma et al., 2009; Heiligenstein et al., 1996, as cited in McCormack et al., 2008). However, the type of social interactions can become a determinant of academic performance, as greater social support is associated with academic engagement (Estell & Perdue, 2013, as cited in Feldman et al., 2020) and achievement (cited from Hogan et al., 2010, as cited in Feldman et al., 2020). Students with CHCs show lower levels of academic success, which is often attributed to depression, but is also due to the chronic challenges they have to manage on a daily basis. Their unique challenges result in multiple failed attempts at attending school despite excellent academic capabilities (Royster & Marshall, 2008). Clearly, the issues around managing their illness themselves makes schooling harder.

Stigma and Chronic Illness

Stigma is a risk factor when it comes to CHCs, as it has a deep influence on people's social identity. The term "stigma" originated from the Greeks, and referred to bodily signs that revealed something unusual and inferior about the moral status of an individual. Erving Goffman argues that this definition holds up in the sense that stigma represents the disgrace itself, rather than the bodily evidence of it. Stigma occurs in many situations and for many people, but all share the common feature of possessing a trait that isn't common, which others notice and

discriminate against, and that further contributes to individuals stigmatizing themselves (Goffman, 2000). This becomes a vicious cycle, where stigmatized individuals begin to feel unsure of how others will identify and receive them.

Not all stigma is a result of visible differences. It has been found that visible health conditions affect immediate social interactions, with others discriminating against that individual immediately (Goffman, 2000). The effects of stigma can be dictated to a degree through visibility, as invisibility of CHCs has been reported to be the driving factor that exacerbates the challenges of managing CHCs (Vickers, 2000).

There exists unique challenges that come with having an “invisible” chronic health condition. Goffman (2000) has described stigma among those with such invisible illnesses as having a condition that is not perceptible, not noticeable, and not evident to others” (p. 65). This leads to people having a response towards those with CHCs that is negative and punitive (Vickers, 2000). A common challenge felt by individuals with both visible and invisible illnesses is that their greatest problems aren’t rooted in the functional limitations of impairment that they experience, but rather social and societal responses to it (Vickers, 2000). In recent years, individuals are often defined by their health conditions, which impacts how they then identify themselves (Vickers, 2000). This type of identifying process is connected to how stigma encourages people with CHCs to conceal their “sick” body parts. If people know others will stigmatize their bodies based on sickness, they may then represent themselves falsely in almost all situations (Goffman, 2000).

Previous research has validated Goffman’s claim that stigmatized individuals accumulate such stigma based on how socially acceptable their “differences” are. In a study that analyzed how individuals with irritable bowel syndrome viewed their condition, it was found that people

who greatly believed their condition had symptoms that were socially undesirable were the ones with the highest rate of stigma (Dancey, Hutton-Young, Moye, & Devins, 2002). Their findings suggest that stigma based on health conditions are embedded in people's self-perceptions about their symptoms, and whether and how they match what is socially acceptable. Due to stigma, college students with CHCs are more likely to have low self-esteem and self-efficacy, limited disclosure about illness, and social withdrawal (Bakula et al., 2019).

Stigma also interferes with how these students confide with others and reach out for help. A study by Feldman et al. (2020) found that those with CHCs that have pain as a symptom disclosed their condition to fewer friends than those with CHCs that don't have pain. Also, individuals who have negative perceptions about their own individualized CHC disclosed to fewer friends than those with less traditionally stigmatized CHCs. They rarely disclose because they are in fear that talking about their struggles that are related to their CHC will result in social repercussions, this is what helps fuel the stigma (Edwards, 2017). Their thinking could originate from the enacted stigma found in our society. People discriminate against others when they observe a physical impairment or if they know about a physical impairment that can't be easily seen because such claims seem to be discredited by lack of visibility (Vickers, 2000).

Needs of College Students with Chronic Physical Health Problems

The types of problems, challenges, behavioral issues, and risk factors associated with CHCs among college students require assistance from outside sources, including college resources. Approximately 27% of incoming college students report dealing with a CHC and have documented needs related to academic support, stress management, and self-advocacy (Carroll et al., 2016 as cited in Davis & Paro, 2020; Eaton et al., 2017, as cited in Davis & Paro, 2020; Leonard, 2013; Milsom & Dietz, 2009, as cited in Davis & Paro, 2020). The needs that are

required and helpful mainly come from the students themselves, after they encountered current college services. In terms of their physical needs, students with CHCs stressed the importance of wanting to be better informed about how their physical conditions had implications for living in college environments, and the importance of getting information that explains what living conditions can be affected due to having a health condition (Ravert et al., 2017). It is critical that students get this information, as many incoming first-year students have a high prevalence of experiencing mental health challenges.

The type of difficulties that are associated with transitioning into college life while having a CHC can be mediated with the proper social support. There is a prevalent need for accessing social support through college resources, as social elements are difficult to obtain for students with CHCs because they either moved away from their prior support networks, or have trouble forming new social connections due their illness based stigma and shame (Hefner & Eisenberg, 2009). Of all the services students have access to, they report the greatest need for mental health services (Sharkey et al., 2018). In a study by Francis et al. (2018), 24% of college students with a CHC reported increased emotional or mental health support as the most requested service in college. In addition, first year students report a desire for a sense of community and inclusion to assist them in transitioning to the college setting (Davis & Paro, 2020). Overall, students with CHCs have greater needs for assistance in addressing social/emotional problems than do students without CHCs (Carroll et al., 2016, as cited in Davis & Paro, 2020; Eaton et al., 2017, as cited in Davis & Paro, 2020; Leonard, 2013; Milsom & Dietz, 2009, as cited in Davis & Paro, 2020).

Due to college students with CHCs having a high rate of absenteeism which affects academic performance, academic needs are highly salient. It has been found that students with

CHCs reported a need for tutoring centers, which is critical; students with CHCs who use tutors are more likely to be academically motivated and less likely to drop out of college than those who do not use these services (Hendriksen, Yang, Love, & Hall, 2005, as cited in Held, 2017; Rheinheimer, Beverlyn, Francois, & Kusorgbor, 2010, as cited in Held, 2017; Wurtz, 2015, as cited in Held, 2017). Tutoring centers act as a source of motivation, as it helps these students manage their school work, when faced with other challenges that are brought upon by their health condition. College students with CHCs are faced with additional, and specific, stress and hardship as they are handling barriers from the general environment that comes with being a college student, as well as managing and functioning with a chronic health condition. This hardship, in part, stems from some students lacking appropriate guidance in high school, to help manage and advocate their needs as it relates to their CHC. When such skills aren't taught at the high school level, the unresolved challenges and issues transfer over into their college years (Berger, 2015; Carroll et al., 2016, as cited in Davis & Paro, 2020; Krenitsky-Korn, 2011, as cited in Davis & Paro, 2020).

Having resources that meet the needs of students with CHCs are only useful if these students are able and willing to find and use the resources on campus. It has been found that only 17% of first year college students with a CHC were connected to college resources, whether that be health care or disability services (Herts et al., 2014). This percentage can somewhat be explained as these students with CHCs have greater needs for assistance in accessing disability services for appropriate accommodations than students with other disabilities (Carroll et al., 2016, as cited in Davis & Paro, 2020; Eaton et al., 2017, as cited in Davis & Paro, 2020; Leonard, 2013; Milsom & Dietz, 2009, as cited in Davis & Paro, 2020). Students with CHCs need more assistance compared to those with learning disabilities because their needs require

accommodations that must continually be negotiated, adapted, and arranged (Jung, 2003, as cited in Davis & Paro, 2020; Leonard, 2013; Milsom & Dietz, 2009, as cited in Davis & Paro, 2021). The needs associated with CHCs change rapidly and are more specific than the needs attached to other types of disabilities, such as attention deficit hyperactivity disorder or dyslexia. Students themselves have little understanding of the academic needs they require, are not skilled at self-advocacy, and do not know how to find a post-secondary option that will meet their needs when they are placed in a new environment that contains no social support (Royster & Marshall, 2008). Taken together, with all the unique needs that students with CHCs have, and lacking the experience in managing their own illnesses and accommodations, college resources are critical for students with CHCs.

Current Issues and Resources for College Students with Chronic Physical Health Problems

Existing research has made it evident that students with CHCs experience mental and physical health barriers that require accommodations in order to be successful in college. However, the current resources, systems, and programs offered to these students are not necessarily suitable to handle their needs. There are two clear areas of improvement for college students with CHCs: having improvement in health care and disability services, and improving how college students voice their needs and get their needs met.

The challenges college students with CHCs face may be present before college starts. Students may have unmet needs in high school, which may not always be met by counselors at both the high school and college level, which often result in poor college outcomes (Lapan, Poynton, Marcotte, Marland, & Milam, 2017, as cited in Davis & Paro, 2020). College counselors report that when students with CHCs are in college, they may struggle with social and emotional skills, such as making new friends, locating support groups, communicating aspects of their

illness to instructors, peers, roommates, and dealing with potential grief and anxiety during transition process (Davis & Paro, 2020). Students with CHCs in high school need to begin to learn the skills of self-advocacy, as well as the laws outlining what they are entitled to in college, so that they understand how and what accommodations they need to advocate for.

Due to the challenges students with CHCs face that are carried over from their high school years, previous literature has reported what college disability counselors need to start implementing. They need to obtain precise awareness about the unique challenges students with CHCs experience daily, and learn what protective factors could effectively help students from the adverse effects that are connected to their CHC (Johnston et al., 2021). College counselors can better accommodate these students by helping them balance, as well as manage their symptoms and interventions during their transition into college (Davis & Paro, 2020).

The type of education college disability counselors received has become a factor to why colleges may fail to properly accommodate students with CHCs. In a study by Davis and Paro (2020), the majority of college disability counselors reported they received minimal training and education while in their preparation programs, regarding how to appropriately counsel individuals with CHCs. In addition, they lacked consensus on counseling strategies, theories, or interventions that are used for individuals with CHCs. In another study by Dukes and Shaw (2004), it was found that personnel are inexperienced, with 38% of the respondents having only five years or less experience in the disability services profession. Furthermore, fewer than 20% of the participants reported having special education as their background field (Held, 2017). This results in disability counselors having many misconceptions about accommodating students with impairments, which may inhibit students' disclosure and requests for accommodations (Dowrick, Anderson, Heyer, & Acosta, 2005, as cited in Held, 2017). Accommodations that are currently

put into place may not be appropriate because they may be based on absent or inaccurate knowledge about CHCs. Many schools have accommodations that don't take into account the unpredictable nature of students' CHCs, which results in students ending up distressed academically, financially and emotionally (Royster & Marshall, 2008). Accommodations are still designed for students with "traditional" disabilities, such as attention deficit disorder, and don't address the unpredictable nature that comes with having a chronic health condition (Chung et al., 2011).

The unpredictable needs of students with CHCs are growing and colleges do not seem able to appropriately respond to their needs. In attempts to offer appropriate accommodations, suggestions have come from students themselves who have CHCs, and the institutions that serve them, and research has identified some of the ways that the problems that students with CHCs face can be remedied. For example, students with CHCs reported the benefits of using the incident diary method, which is a useful tool that helped them engage in reflecting on their self-care (Ravert et al., 2017). Counselors suggest that college students should be taught time management, study, and organization skills for academic success, as this population of students must be able to incorporate these skills with their illness management plan, and recommend implementing social/emotional aspects, such as knowing coping skills for stress, establishing positive counseling relationships, and having a space on campus that allows them to positively accept who they are (Davis & Paro, 2018). Chu et al. (2020) suggest that disability services personnel should inform students as to what types of accommodations are possible and the process needed to obtain specific accommodations. They believe these services should encourage students to communicate with instructors prior to beginning a class, as well as request assignment flexibility.

Other researchers suggest that disability offices needs to put documentation in place, which would then allow students with CHCs to request lecture notes and/or recordings when lectures are not online or otherwise available for review, request examination accommodations ahead of time, and request easily accessible rest areas on campus and the right to take opportunities for rest where and when needed (Chu et al., 2020). In addition, disability services can contribute to an easier and positive experience on campus for students with CHCs by helping them move around campus and advising them to schedule an appointment with an academic adviser/consultant early in their university years (Chu et al., 2020). Finally, others have recommended that counseling and health services develop training programs for faculty, increase outreach to students, and provide opportunities to participate and contribute to the campus community in meaningful ways to improve well-being (Ryff, 1989, as cited in Held, 2017; Schreiner, 2013, as cited in Held, 2017; Seligman, 2011, as cited in Held, 2017).

DePaul University has created a model that has helped its students balance their school responsibilities, while also managing their CHCs. They developed a chronic illness initiative (CII), which offers specific research and experience based approaches to aid chronically ill students (Royster & Marshall, 2008). The CII model is based around the concepts of compassion and respect. Members trained under the CII model educate all staff and faculty at the university about the issues revolving around CHCs, so each department can respond appropriately and compassionately to their students (Royster & Marshall, 2008). The core of this program is student support services, which attempt to accommodate students' unpredictable health-related needs.

Furthermore, the staff for this program include a director who teaches undergraduate courses on self-determination and self-advocacy, an assistant director who handles student

services, by coordinating the questions and accommodations that students with CHCs may have , and a research associate, as well as student workers, all of whom perform administrative tasks, develop an instructional video about the CII, create a financial aid resource guide, and serve as a buddy for students with CHCs (Royster & Marshall, 2008). The CII staff members pay particular attention to the social integration of CII students. They do this by designing events that allow students to validate their experiences, discuss useful strategies for managing illness, or help build new relationships (Royster & Marshall, 2008). Their initiative showed that students who used CII had higher GPA's, higher passing rates, attended school longer, and had more work opportunities than students not using CII (Royster & Marshall, 2008). The opportunity outcomes this model has provided for students with CHCs suggests that it can be a beneficial model for other universities and colleges to attempt implementing.

The Current Study

Taken together, these findings suggest that students with CHCs experience specific challenges and consequences due to their condition, which as a result, affects their physical, social and mental functioning. These challenges transcend and create more difficulties when in their college years. Students with CHCs experience specific challenges in higher education, which is most prominent during the transition to college. Due to these unique challenges and consequences, students with CHCs have needs and accommodations that must be met in order for them to be successful during their college years. The responsibility of providing accommodations and meeting the needs of these students is done by the colleges and universities they attend. However, many colleges and universities currently lack the training and education about the needs and consequences that are attached to having CHCs, as well as showing a lack of communication between different college faculty departments and post-secondary education

counselors. Also, previous research demonstrated the lack of knowledge and advocacy students with CHCs possess in regards to how they attempt to obtain their needs. There is minimal data as of now that indicates what best practices would look like in regards to accommodating and meeting the needs of students with CHCs. However, identifying best practices would help alleviate a broad range of issues that students with CHCs experience daily, resulting in students performing better academically, as well as overall improving their well-being.

However, the current research informs current practice in multiple ways. First, college counselors have provided a framework of the common behaviors displayed by both students with CHCs and faculty, with regard to how students approach and advocate for help services and how college counselors are responding to their demands. This framework demonstrates how further investigation is needed to understand how knowledgeable college services are about CHCs, as well as how they currently accommodate and meet the needs of students with CHCs. Second, the analysis of sources explicitly shows how the challenges that these students have affect many aspects of life. So with that, further research needs to investigate how faculty from different university departments communicate, understand, and accommodate these complex issues. Lastly, prior research shows that universal models or procedures aren't established for colleges and universities to use as a guideline to better understand and then assist students with CHC. Additional research needs to be conducted to understand the education gaps that college counselors and faculty have and the accommodations desired by students with CHC, so that a universal guideline can be created to guarantee appropriate care for this population.

The purpose of this study is to analyze Drew University's policies and procedures that are set in place for students with CHCs, in order to gain a broader understanding of how college services in general are set up to support those with unique needs due to their CHCs. The design

of this study is an exploratory instrumental case study, which consists of collecting data, and then formulating research questions and hypotheses to better understand the current policies and procedures of colleges practices (Crowe et al., 2011). An instrumental case study approach involves “providing insight into an issue or redraw generalization” by focusing on how the particularities learned about one particular institution may have an impact on the behaviors and challenges at others (Stake, 2005, p. 445, as cited in Paul & Dizon, 2021). The case study approach allows researchers to focus on a specific individual, condition, or setting, and connect them to issues and patterns seen in a greater context because it offers an “in-depth, multi-faceted explorations of complex issues in their real-life settings” (Crowe et al., 2011). Many social science researchers opt for this type of case study because it provides an in-depth recognition of an issue that's occurring in its natural real-life context (Crowe et al., 2011).

In this specific study, I chose an instrumental design because by analyzing Drew’s policies and procedures around CHCs, I can provide a broader appreciation of the types of challenges universities experience when attempting to understand and meet the needs of students with CHCs. This design will enable me to identify how supports, policies and services are being enacted for and utilized by students who have CHCs, which may then help Drew reflect on what is working for students with CHCs, and where improvements can be made.

The focus of this study is to identify current methods and models Drew University uses to help students manage their CHC in an academic setting. The objectives deriving from this focus are

1. To assess current policies and procedures at Drew University for students with CHCs
2. To evaluate whether and how the issues described in the literature that students with CHCs experience are addressed by the policies and procedures at Drew University

3. To establish a basis for understanding the current and future needs of Drew students with CHCs that need to be met in order to produce healthier and more successful academic and personal success for this population

Method

Drew University

Drew University is a small liberal arts college located in New Jersey, an hour outside of New York City. The university was established in 1867 as a seminary, and in 1928 became an all-male undergraduate college, which became coeducational during the 1940s, and was renamed the College of Liberal Arts in the 1950s. Drew's mission is to "offer its diverse community of learners a challenging and individualized education shaped by a deep-rooted culture of mentoring, thoughtful engagement with the world beyond its campus, and a steadfast commitment to lifelong cultivation of the whole person" (About Drew University, n.d). The wooded campus is found in an area that "was recently named the third safest college town in the United States, and the safest college town in New Jersey" (Drew in a Nutshell, n.d).

Currently, Drew has over 1,636 enrolled undergraduate students. Drew's student body comes from 34 states within the United States and from 52 countries; 279 of the undergraduate students are international students. With respect to racial/ethnic identity, 0.2% of students identify as American Indian or Alaskan Native, 8.5% as Black or African American, 3.9 % as Asian, 16.6% as Hispanic, and 46.9% as White (Institutional Research, 2019). The College of Liberal Arts is made up of 42% male students and 56% female students (Institutional Research, 2019). Drew University has over 90 student clubs. In terms of athletics, Drew has 22 NCAA division 3 varsity sports, and 25% of Drew's students are student-athletes (Drew in a Nutshell, n.d). Currently, 90% of Drew students live on campus. As of 2019, Drew's retention rate is 88%.

Data Collection

In order to gather data that accurately represents Drew's policies and accommodations for students with CHCs, interviews were conducted with various members of the Drew community,

as they contribute to the formation and execution of such policies made to meet the specific needs of those with CHCs. Individuals were interviewed from The Office of Accessibility Resources (OAR), the James A. McClintock Center for Counseling and Psychological Services, Health Services, Housing and Residential Life, Admissions, and Campus Security to explore the ways in which these offices are involved with policies around CHCs and the students to whom they apply.

In addition, I also did a close reading of university policies and resources. Drew University's website includes policy information, as well as documentation that outlines the resources available to students with specific disabilities. Drew's website has separate web pages for each of its departments. On each department's personal web page, I noted the specific services they offered. The web pages had information that explained what services they provide and how those services are beneficial for students. As was relevant for a particular department, some web pages had links to forms for students to fill out in order to obtain their services, as well as forms for additional services that are in place for students who have unique needs. This was true for Drew's Office of Accessibility Resources (OAR), James A. McClintock Center for Counseling and Psychological Services, and Center for Academic Excellence (CAE). I was able to locate Drew's academic and students policies through the student handbook (Eggleston, 2021).

Procedures

Once the relevant departments and key personnel were identified, people were contacted for individual interviews to discuss their understanding of the challenges and needs associated with CHCs, as well as the type of contributions and assistance they provide for that specific population at Drew. In order to identify key personnel, I went onto Drew University's website to

gather information on the different departments the intuition had. For each departmental web page, I examined their services and faculty. All information and supporting documents connected to Drew's departments and services can be found on the Drew University website, which is the main source I used to find the information available for students with CHCs. Starting with Drew's homepage, I found links to specific departments where there was some useful information that is relevant to students with CHCs. On each web page I analyzed the sections that explicitly stated what services they offer to students. I also identified the staff members of each department who would have interactions with students with CHCs. I reviewed sections of each department's web page that contained links to forms which described how to receive specific accommodations and what those accommodations were.

When approaching each department's web page, I identified pages that described what their standard services and policies were. Next, I did a close reading to find information that explained if there were additional services offered to students who have unique circumstances and challenges. In addition, I took note of how these web pages described the steps students needed to take to obtain specific services and accommodations, if such specializations were included. Through clicking additional links, I was able to locate forms and explicit instructions that described and allowed students to request specific accommodations. Lastly, I analyzed the process taken to find such information on each department's web page. By carefully identifying all this information, I was able to conclude what information could be useful for students with CHCs and what information is missing that prevents these students from having their unique needs met. Most of the information that was useful for students with CHCs pertained to services that helped students build their cognitive skills in regards to managing their academics and mental health. Also, many of the department's web pages had links to information that discussed

accommodations and resources that exist on campus for students with specific conditions and disabilities; these links led to the OAR web page. However, many of Drew's department web pages failed to provide information on how their services differentiate among students who have unique circumstances. Much of the information found was catered towards the general needs of students, which suggests they might not offer services that are not specific and/or inclusive towards students with CHCs.

Data Analysis

After a close reading of each department's web page, informational interviews were conducted with the OAR, James A. McClintock Center for Counseling and Psychological Services, Health Services, Residence Life and Housing, and additional information was sought and obtained from Admissions and from Campus Security. Before these interviews were conducted, questions were created based on the unique services each department offers for students with CHCs. In each interview, follow-up questions were asked as needed.

Once the interviews were completed, the responses were analyzed and grouped into different categories, based on the topics being addressed in each interview. The topics that were discussed with each department addressed their service procedures and policies, their communication and interaction with the OAR and other departments, how their services were applicable to students with CHCs, the accommodations they received and enacted from students with CHCS, challenges observed from students with CHCs and how that was distinguished from first-year students, and suggestions staff might have in order to improve the resources available to students with CHCs. After this categorization process was completed, the categories from different departments were compared to one another, which allowed for recommendations to be created for Drew University.

Results

What follows is an in depth- analysis of relevant departmental web pages and informational interviews with Drew staff from those different departments. After analyzing the web pages, I reached out to key personnel in the different departments if and as appropriate to obtain additional information on their specific policies and procedures.

Accessibility Resources & CAE

Website Review

Drew's Office of Accessibility Resources (OAR) website includes an abundance of useful information that is organized clearly. The website has clear instructions for how students can request accommodations and the process that follows once such a request is processed. It describes how students meet with the director of accessibility resources to discuss the type of functional limitations students are experiencing and what kind of accommodations they will need. Next, under the "Documentation Guidelines" tab, it provides information on what type of documentation students need to submit in order to receive accommodations. In this section, there are subsections that describe the requirements attached to specific disabilities, including CHCs. For example, documentation for a CHC must be in the form of a qualified practitioner letter and include evaluators' credentials and a date with a signature (Documentation Guidelines, n.d). Also, the documentation must list all medications, include limitations that impair the student's ability to function, in order for Drew to then assess what accommodations can be implemented that address specific needs, and include specific recommendations for classroom and housing accommodations (Documentation Guidelines, n.d). For students with CHCs, their submitted documentation does not have to follow the OAR's requirement of submitting medical

documentation that is less than three years old. This is because physical symptoms associated with CHCs are persistent and long-term.

The OAR web page has a link to student forms, where there is a list of useful services for students with CHCs to access. Some of the types of accommodations these students might need academically and socially are located here, such as housing accommodations, note-taking, testing accommodations, parking, dietary modification, and alternative text request form (Forms,n.d). Next, under the “Current Students” tab, students are provided with a link to request existing accommodation letters to send to their professors each semester (Current Students, n.d). The “Rights and Responsibilities” tab in OAR’s web page (see Appendix A), outlines the rights students and Drew university are entitled to, as well as the responsibilities of students when using OAR services.

The OAR’s web page is organized with information that explains their services and the following processes to obtain such services in an format that is easy to follow. It provides ample information for students who have had an existing CHC prior to college on how to obtain accommodations, as well as information for students who are diagnosed and attempting to receive accommodations for the first time during college. This information is easily accessible via a tab labeled “Medical Condition/Chronic Illness,” which is under the “Documentation Guideline” section of the web page. It is beneficial that the “Forms” tab currently includes requests for accommodations in all parts of campus life. The Rights and Responsibilities section makes it clear what the student’s roles are when seeking information and assistance for their disability. A primary concern for the OAR is how they are sharing this information with students. For incoming students, they might not be aware of the OAR, and if they are, they might not know what they explicitly offer.

Informational Interview

After analyzing the information posted on their web page, guidelines to interview the Director of Accessibility Resources were created based on the information found and what was missing or not explicitly shown on their site. Currently at Drew University, there are a substantial number of students enrolled with the OAR, a small number of whom have a CHC. It is important to note that the actual number of students who have a CHC is unknown; this data only reflects the number of students who have applied for accommodations. Of the students with CHCs that are registered in the OAR, there is a mix of some who have requested accommodations for the semester actively and others who are still in the process of submitting documentation in order to obtain accommodations. The majority of students with CHCs who use OAR services have pre-existing documentation and have been diagnosed. For students who developed a CHC during college, OAR will connect them with health services if needed to begin the process of locating health providers and receiving treatment that is specific to their CHC, once students have self-identified to the OAR office. When students with CHCs begin at Drew University, it is common for them to not disclose about their condition until they notice their CHC already began negatively impacting their academics. Another difficulty that was observed were around first-year students, who often struggle to manage symptoms when living on campus/communal living for the first time. Overall, students with CHCs have difficulty locating resources to assist them and communicating what their specific needs are. It is common for faculty to refer students with CHCs mid-way through the semester to the OAR, due to their absences and/or poor academics. This shows how students don't necessarily intend initially to use accommodations (Director of Accessibility Resources, personal communication, February 2, 2022).

The first step in the process for students to obtain accommodations is for them to first be aware of and locate the OAR. Students with CHCs have difficulty identifying the OAR and additional departments on campus that exist to assist them with their unique needs. Students might become aware of the OAR through admissions, but if not, they are offered information about the OAR through first-year orientation events. Once the students have connected with the OAR, they work with the director to determine what accommodations they need and if those accommodations can be met. Specific circumstances that would impact if accommodations can be met are if they impact a course's essential requirements or if the accommodations present an undue burden (Director of Accessibility Resources, personal communication, February 2, 2022).

Once students find their way to the OAR, the next step for students is to submit the self-disclosure form and all medical documentation through the OAR website. The completion of the self-disclosure form is mandatory for the OAR to become involved with the student. Self-disclosure is also needed for other departments to communicate with one another and connect students with those different departments. Students who have pre-existing accommodations from high school might still have a 504 or IEPs that they can submit once entering the university. They also have to produce letters from doctors and specific professionals (Director of Accessibility Resources, personal communication, February 2, 2022).

The Director of Accessibility Resources noted that the process of submitting documentation to obtain accommodations poses a challenge for many students with CHCs. Obtaining documentation during the pandemic became even more challenging. For example, it has been difficult for students to make appointments with doctors to get information about their CHC or receive an initial diagnosis. Also, it can take months to obtain an appointment with a specialist. Lastly, documentation often needs to be updated due to exacerbation of symptoms

that can require an unconventional accommodation. If students' CHCs become worse and new needs are required due to their health condition, then it is possible students will have to submit additional documentation, which can be challenging and cumbersome. According to the Director of the OAR, students with CHCs show difficulty in following through and checking up on their documentation process (Director of Accessibility Resources, personal communication, February 2, 2022).

Once the students are established within the OAR, they work with the Director to determine what accommodations they need and if those accommodations can be met. In addition to providing the students with academic accommodations, the OAR also assists in providing students with housing accommodations. This process begins with students and their health care providers filling out the "Housing Accommodation Request Procedure" and "Self-Identification" forms that the OAR approves or denies based on the documentation submitted and the requests that it entails. These forms are only located on the OAR web page. If the housing accommodations are approved, the Associate Provost for the CAE and Director of Accessibility Resources coordinate with an accessibility coordinator, who controls the process for medical housing. The Director of the OAR processes and handles students requests about medical support animals and meal plan accommodations (Director of Accessibility Resources, personal communication, February 2, 2022).

Although students present with different CHCs, there are often commonalities about what type of accommodations they need. Despite varying types of CHCs, most students share the requests of needing flexibility with attendance, flexibility with deadlines, occasional breaks, food and drinks in the classroom (which has been a new challenge given Covid restrictions about eating and drinking in academic spaces), and limited computer use or screen time (another

challenge made more difficult during the pivot to online learning during Covid). Attendance flexibility, assignment deadline flexibility, and occasional breaks are the most frequently requested accommodations, especially when physical symptoms are flaring up (Director of Accessibility Resources, personal communication, February 2, 2022).

After a student's accommodations are determined and approved by the OAR, accommodation letters are created and students must share them with faculty and staff, to make them aware of students' needs and approved accommodations. Another way faculty and staff achieve this is by communicating with one another about the needs of students with CHCs through the Critical Intervention and Response Team (CIRT) on campus. Staff and administrators from accessibility resources, Campus Life and Student Affairs, Residence Life and Housing, Health services, James A. McClintock Center for Counseling and Psychological Services, as well as Associate Provost for Academic Services are part of CIRT, and they all work together when addressing students' specific needs and accommodations. The Director of the OAR uses this resource by sharing information regarding the students' circumstances and adjacent needs to other members, which is only done when student's sign the self-disclosure and information release forms. It is noteworthy that CIRT has been mentioned in every interview from the staff of different departments. This is important because it demonstrates how each department communicates with each other, not only when delivering their services, but shows their efforts to help students utilize resources from other services that exist on campus (Director of Accessibility Resources, personal communication, February 2, 2022).

The benefits that CIRT provides to better help students with specific needs is sometimes impeded by students' own fear. According to the Director of Accessibility Resources, students are nervous about informing faculty and staff of their CHC because of fears that others will

develop negative perceptions about them. Instead, many students have their parents reach out to department staff and request they make contact with their children; however, the Director of Accessibility Resources prefers students to come on their own. When students are hesitant or unwilling to communicate with faculty, it makes it difficult for faculty to be aware and work with students that have specific needs (Director of Accessibility Resources, personal communication, February 2, 2022).

The degree in which faculty are knowledgeable about CHCs impacts how accommodating they are with students. Certain faculty that are aware and educated about CHCs have shown to accommodate students in an appropriate and efficient manner. However, there are times where faculty are unsure if an accommodation can be implemented given their academic course. Faculty are not required to compromise the integrity of their course requirements in applying accommodations, but they often struggle with how to allow for accommodations in a way that maintains course integrity. In these specific circumstances, the OAR will work with the faculty and student to determine when and how accommodations can be enacted (Director of Accessibility Resources, personal communication, February 2, 2022).

The differences in faculty and staff knowledge about CHCs speaks to the need for more regular faculty training on these issues. To be more specific, more education needs to be focused on training faculty, resident assistants (RA's) and other staff on campus. Within those training programs, it should help identify challenges associated with CHCs and how it impacts students in all aspects of campus life (classroom, housing, co-curricular). Lastly, it has been suggested by the director of the OAR that bringing an outside person to present information can be influential towards faculty and staff education (Director of Accessibility Resources, personal communication, February 2, 2022).

CAE

Website Review

The OAR is a department within Drew's Center of Academic Excellence (CAE). The website for the CAE details what types of academic assistance are provided for all students. It outlines the areas of support they offer, which include reviewing course materials in preparation for exams, help with writing tasks, and how to improve students' skills on approaching and finalizing work (Academic Support Resources, n.d). The website includes a sidebar with a link to the Accessibility Resources general web page. In addition, the sidebar also includes links to policies and forms that can be useful for students with CHCs. These forms have instructions for rescheduling an exam, uploading documentation for excusing absences, requests for incomplete grades, and leaves of absence (Policies and Forms, n.d). There is also a link that provides information on a program Drew has that helps promote academic success for underrepresented populations in the Drew community. The CAE web page includes a Beacon report, where faculty file a report of a student performing poorly in their academics. The Director of Accessibility Resources and the Associate Provost of Academics are notified when these alerts are made by faculty. When these reports are made pertaining to students with CHCs who have self-identified to the OAR, they have the ability to follow up with specific support recommendations or encourage students to utilize their accommodations.

The CAE website has information and links that are useful in promoting academic success, as well as information and links that connect students to the OAR. However, improvements need to be made, in order for it to directly apply to students with CHCs. Since all accommodations come from the OAR, it is useful to include OAR's information regarding accommodations on the CAE's page. However, CAE's link directs students to OAR's main web

page. The process for obtaining academic help becomes more complicated for students with CHCs when the resources that are in place to provide such academic accommodations are not clearly stated and directly offered, and rather are spread throughout different web pages.

Housing and Residence Life

Website Review

Under the “Residence Life & Housing” web page, there is information that details how to move in and out of the dorms, as well as the five different types of residence halls that exist on campus (Residence Halls, n.d). The website also outlines the process of registering for housing and includes information on how to be a resident assistant (RA). There was no information that explained how to access special housing accommodations, such as a single room/medical single for those with accommodations. The term “medical single” was missing from their web page and there was no link that would connect students to the OAR office, where housing accommodation forms are located

Informational Interview

The Executive Director of Student Services at Drew University specified the type of existing housing accommodations in place for students with CHCs, as well as the formal procedures and interactions that occur to achieve delivering such accommodations. The process for students to receive special housing accommodations begins at the accessibility office. The housing department directs students to the OAR to begin the process of obtaining housing accommodations. (Executive Director of Student Services, personal communication, February 24, 2022).

Once students' housing accommodation forms are submitted to and approved by the OAR, the next step is to determine if their requests are reasonable to be performed by the

housing department - in other words, whether Drew University has the resources to fulfill specific student requests. Typically, Drew University is able to provide the requested housing accommodations to students with CHCs. Common accommodations Drew has are bed shakers for blind students, strobes installed in rooms for hearing impaired students, and single medical rooms that have elevators and private bathrooms. There are different rooms on campus equipped for different needs. Staff in the Residence Life and Housing Department have stressed that Drew University needs more elevators in buildings to help students with physical conditions, as well as more private bathrooms. These needs are expensive, which acts as a limitation for the university. The most common request for students with CHCs have shown to be single rooms along with requests for air conditioners, which are predominately made by first-year students with CHCs. The staff in the Residence Life and Housing Department and to an extent, the OAR, will first try to locate and implement resources into Drew's housing if students with CHCs have accommodations that the university has not yet experienced (Executive Director of Student Services, personal communication, February 24, 2022).

The accommodations Drew is capable of meeting for students are only possible if students submit the "Housing Accommodation Request Procedure" document, which is located on the OAR web page. The deadline for this documentation is April 15th, and must be re-submitted every academic year. Staff in the department reserve single dorms for students after the deadline, as it is fairly common for students to apply for housing accommodations after the deadline. Students who apply after the deadline are still granted housing accommodations. This is especially true for incoming first-year students, who won't necessarily have committed to coming to Drew University by the April 15 deadline. Another factor they noted to be common among first-year students is parent involvement. The staff in this department reported that

parents of first-year students are over-involved in the process of requesting and delivering housing accommodations. The staff attempt to instill confidence and empowerment in students, in order for them to handle their needs by themselves. It has been noted by staff that parent involvement tends to lessen as students continue their education at Drew (Executive Director of Student Services, personal communication, February 24, 2022).

In addition to common challenges shown by first-year students when attempting to obtain housing accommodations, there are frequent challenges most students with CHCs face when obtaining housing accommodations. The biggest difficulties students with CHCs experience when obtaining accommodations are completing the entire housing accommodation, difficulty submitting appropriate documentation, their parents over-involvement in establishing their needs and accommodations that results in conflict between the parents and students, and students struggling to have health professionals fill out accommodation forms. Once students are able to submit all required forms and documents, the process to obtain their housing accommodations begins. Students with housing accommodations are more likely to secure their living needs in advance before the start of a new semester because housing accommodations are done either the summer before the fall semester starts, or done in the spring semester for the following school year (Executive Director of Student Services, personal communication, February 24, 2022).

The accommodations that students with CHCs need are only able to be delivered if students self-disclose, and once that happens, staff can work together to help meet the needs of each student. It is common for parents of first-year students before the fall semester to disclose to housing staff about their child's CHCs, at which point they too are referred to the OAR. Once a student self-discloses to the housing staff, the staff, if necessary, are able to reach out to CIRT or to the OAR to help meet the specific needs and circumstances of the student. The Residence Life

and Housing Department most frequently works with the OAR, James A. McClintock Center for Counseling and Psychological Services, and Health Services on Drew's campus (Executive Director of Student Services, personal communication, February 24, 2022).

The term "self-disclosure" was frequently mentioned by Drew's staff, but was also continually mentioned when discussing the roles RAs have in relation to students with CHCs. RAs are not given access to see the medical accommodations list and don't necessarily know who has or does not have a medical single, and would only know what students on their floor have a CHC if those students self-disclose to them. The only exception to this is that the Residence Life and Housing department informs the RA if a student has an accommodation to have an animal living with them on campus, and this is only because it's an exception to the rule Drew enforces of no pets other than non-meat eating fish. The RAs are not told why they have the animal approval; they would only know if the student self-disclosed to them. RAs are able to assist students in obtaining resources, and they are able to do this because they undergo a two week crisis management training program. The crisis management training program does not provide medical training; however, it does provide RAs with information about campus resources for different populations of students on campus, including those who might need accommodations (Executive Director of Student Services, personal communication, February 24, 2022).

Counseling Center

Website Review

The James A. McClintock Center for Counseling and Psychological Services web page describes what therapeutic services are offered and the credentials of counselors they have employed. Currently the Counseling and Psychological Services offers crisis intervention, group

therapy, outreach programs and workshops for self-care and stress reduction, and referrals. Their web page has a link that provides profile information of three counselors who are proficient in substance abuse, solution focused and cognitive behavioral therapies, and emotional issues stemming from a wide range of psychological concerns (Counseling Staff, n.d). Overall, the information about counselor credentials suggests that Drew's counselors are knowledgeable about mental health problems typically experienced by college students and the type of therapeutic approaches that are needed when addressing those issues.

There were only a few areas of concern. First, there is no link on the Counseling and Psychological Services web page to the OAR web page. Many students who are seeking counseling might have issues that could also be addressed through OAR. The website indicates the mental health problems for which they provide services, but do not reference issues particular to students with CHCs. In addition, although there are some opportunities for individual counseling, the primary modality offered through Drew's Counseling and Psychological Services for ongoing treatment is group therapy; given the research suggesting that students with CHCs might experience hesitation or shame about disclosing their CHCs (Hefner & Eisenberg, 2009), group therapy not specifically targeted toward CHCs might not feel relevant. Their web page breaks down the type of workshops they offer for certain problems college students could be experiencing, such as procrastination, stress and coping, mindfulness, and test anxiety; however, there are no specific workshops offered around issues for students with CHCs (Counseling, n.d).

Informational Interview

After conducting an interview with the director of James A. McClintock Center for Counseling and Psychological Services, multiple processes and trends were identified regarding receiving counseling services, help-seeking behaviors that students with CHCs display,

counselors' knowledge about CHCs, applicable therapeutic approaches, and common mental health challenges that students with CHCs experience (Executive Director of Counseling and Wellness, personal communication, February 17, 2022).

Again, self-disclosure is needed before any intervention and aid can be provided by Drew University, and this is also true for services through the Counseling Center. In general, when any student visits the counseling center on campus, one of the first steps counselors perform during intake is asking the student if they have any medical and/or physical health conditions, and if they take medication for their condition. After a student self-discloses about having a CHC, they can sign a release form with the counseling center that would allow counselors to speak with other faculty and staff on campus as well as any health providers. However, counselors in this department will reach out to students regardless if they signed a release form if community members and/or parents are showing concern over a student's mental health. In these scenarios, they will instruct students how to use counseling services if they are interested. Counselors inform students with CHCs what resources are on campus to help them, as well as the process that has to be undertaken to receive those resources. (Executive Director of Counseling and Wellness, personal communication, February 17, 2022).

Staff in the James A. McClintock Center for Counseling and Psychological Services, work frequently and effectively with other departments when accommodating students with CHCs, once students self-disclose and fill out the proper documentation. It is common for the OAR to refer many students with CHCs to the counseling center. Drew's Counseling and Psychological Services also interacts with Health Services. When students first utilize Health Services, they fill out surveys about how they are feeling emotionally and/or psychologically. Students with CHCs who score high for anxiety and depression symptoms are referred to

Counseling and Psychological Services. The Executive Director of the Counseling and Wellness is on CIRT, which allows this department along with many others to communicate and work effectively with each other when attempting to provide accommodations to students with CHCs (Executive Director of Counseling and Wellness, personal communication, February 17, 2022).

CIRT helps provide counselors with knowledge and resources that can be used when treating students with CHCs. CIRT shares information about specific students' circumstances and needs to members of the counseling staff. This information has been reported to be beneficial when working with these students who are experiencing mental health problems. Through access to CIRT, counselors are able to discover which students need support and what that support can be, which then they can attempt to implement. Another way counseling staff learn about information regarding the mental health symptomatology that is connected to CHCs is through interacting with past students who had CHCs. Their knowledge about CHCs increases when they interact with students who have specific CHCs. Through working with students with distinct CHCs, counseling staff learn about the mental health problems that are connected to those physical conditions. They also talk with Health Services and consult with medical professionals to better understand the physical circumstances and challenges that students with CHCs experience (Executive Director of Counseling and Wellness, personal communication, February 17, 2022).

The most reported psychological challenges students with CHCs have are anxiety and depression, with specific reports of students feeling tired, unmotivated, and finding it hard to find the energy to function in general. These negative mental health outcomes are rooted in stigma and poor self-perceptions, as suggested by the Executive Director of Counseling and Wellness. Students with CHCs report feeling stigmatized because of the symptomatology related to their

CHCS, more so than to any psychological sequelae of having a CHC. The invisibility of symptoms creates feelings of sadness and frustration that contribute to students over-identifying with their CHCs. These negative emotions and self-perceptions stem from a lack of understanding on how to cope with the disruptions their physical symptoms produce, as well as a negative outlook of how their CHC is perceived from outside sources (Executive Director of Counseling and Wellness, personal communication, February 17, 2022).

First-year students with CHCs don't over-utilize Drew's Counseling and Psychological Services. In general, the treatment services counselors use are cognitive behavioral therapy, acceptance therapy (ACT), mindfulness stress reduction, and meditation, which are helpful to all students, including those with CHCs. Due to the counseling service only being accessible to students for ten months a year, counseling staff decide who to treat on a case-to-case basis. Students with CHCs who need daily support compared to fragmented support will be referred to outside mental health providers. A challenge that many students with CHCs experienced was communicating their needs, and this was especially prevalent in first-year students with CHCs. For example, communication is particularly important when students attempt to set boundaries with peers in shared living and when they have specific dietary needs. Students with CHCs are more easily able to advocate and receive assistance in obtaining their unique needs when they establish relationships with staff in specific departments who can address these specific requests (Executive Director of Counseling and Wellness, personal communication, February 17, 2022).

Health Services

Website Review

Drew's Health services web page contains much information on how to access their service, what those services are, the required health forms that need to be completed, and

additional health resources to connect students with. Under the tab “Our Services”, they include what they are able to physically treat. Under the 'Our Services' link, there is a drop down bar with a tab labeled “Primary Care” which details how they evaluate and treat illnesses and sports injuries, perform physical exams, make referrals to specialists, refill prescription medication, provide general health counseling, and perform eating disorders referrals (Our Services, n.d). They also provide services in relation to sexual health and immunotherapy shots. Under the tab “Additional Health Services”, there is information and links to help students learn more about diseases and how to maintain good health by providing methods for self-care. Much of the information on this page details healthcare resources for LGBT students, how to prevent and treat sexual diseases and trauma, alcohol and substance use and general health links (Additional Health Services, n.d). There are general health weblinks on locating physicians in a nearby area, dental clinics locations, American Diabetes Association, Epilepsy Answer Page, The Sharing Network (organ and tissue donation service), Melanoma Information and Prevention, Mayo Health Clinic, Health World Online (articles on how to stay healthy), Centers for Disease Control and Prevention, The American Heart Association, National Women’s Health and Information Center, American Cancer Society, College Fitness, The Importance of Sleep, and the importance of diversity (Additional Health Services, n.d).

The information located on Drew’s health services website is very resourceful in addressing and preventing many types of illnesses that can be contracted, as well providing students with outside resources that can benefit and treat students' physical health. However, when it comes to CHCs, they don't explicitly advertise on their web page if they provide outside services and information that covers the broad range of CHCs that students on campus might have. Also, their web page shows how they provide general health counseling through one-on-

one sessions, but doesn't expand on what that service entails. Under their "Additional Health Services" weblink, they have a drop down section labeled "General Health". This section includes outside medical resources that cover a range of chronic diseases such as diabetes, epilepsy, melanoma, heart disease, and cancer. The most common types of CHCs found for college students are irritable bowel conditions, autoimmune diseases, cancer, and diabetes. Health services have resources that touch upon some of these common CHC, specifically cancer and diabetes. These resources supply more information on those illnesses by providing education on how to "fight" these ailments and what an individual can do to prevent such conditions. These resources also include contact information of medical professionals in certain geographic areas that specialize and treat those illnesses. These resources provide additional helpful information and services for specific CHCs, but do not include the range of CHCs that college students might be experiencing.

Informational Interview

An interview was conducted with the Director of Health Services to explain the procedures and resources that are in place to help accommodate students with CHCs, as well as discuss the concerns found within the website review. The interview started by discussing the procedures Health Services follows when administering their services to students. The routine procedure for all incoming students is completing the "Admission Health History Form" located in each student's health portal. This form asks students to disclose information about pre-existing conditions and treatments, such as allergies, medications, CHCs, cognitive disabilities, and mental health disorders. Once students fill out this form, it goes into their medical records. This form is reviewed by staff when students come in for an office visit. All students, including those

with CHCs, are asked the reason for the office visit, then will fill out a two question depression screening (Director of Health Services, personal communication, March 22, 2022).

During office visits, staff refer to students' health history form in order to better understand how their current health issues can be impacted or exacerbated by their pre-existing conditions. Since most students with CHCs use health services more when they are experiencing an acute problem rather than their CHC, these forms help staff discuss how a student's acute illness can be affecting their CHC, and vice versa. However, once students with CHCs come into office visits and this discussion begins, students sometimes disclose their CHC and how it impacts them. For students who don't self-disclose their CHC to Health Services, their medical history records will provide staff with the additional information needed to properly work with and treat these students. It can be that students don't disclose their CHC because they don't think it is relevant in regard to their office visit, rather than because they are not forthcoming about their health condition (Director of Health Services, personal communication, March 22, 2022).

In addition to providing treatment during office visits for acute illnesses, staff also provides other services that directly help students with CHCs. They act as collaborators with a student's pre-existing medical team. Since most students with CHCs already have doctors and specialists where they reside, staff follow instructions given by those professionals and will reach out to them if problems arise. They also assist students in finding specialists around campus if that becomes necessary. In order to prevent students with CHCs from repeatedly leaving campus and finding transportation to receive certain medical intervention, staff is able to perform routine blood work, refill medication, store medication, provide wound care, and inject allergy medication, as well as medication needed for specific CHCs. They are able to assist students with CHCs if they have to take or inject their medication themselves. The director of Health

Services noted that making referrals based on the onset of chronic health symptoms is rare. It is more common for staff to make referrals for students with CHCs that are experiencing temporary illnesses (Director of Health Services, personal communication, March 22, 2022).

At the end of the interview, the Director clarified some information regarding their services that were somewhat ambiguous on their web page. For example, one-on-one general health counseling is built into each office visit where students are seeking a discussion or information around specific health matters. One-on-one general health counseling is a resource for students regarding their health education. Students with CHCs use this resource to discuss any questions or concerns they have about their health condition. It should be noted that in order for students with CHCs to discuss their health condition, they must first disclose to staff who will address their concerns and refer them to additional medical resources off campus if needed (Director of Health Services, personal communication, March 22, 2022).

The second issue addressed was related to the information on the web page about the medical resources Health Services included, based on specific CHCs and diseases. The specific CHCs listed on their web page are based on the common health conditions found in students' charts, as well as the most common CHCs reported by individuals of traditional college age. Staff are able to find what CHCs are most common on campus because they perform a review of students' medical history forms. From this search, the most common issues reported from Drew students are allergies, asthma, and mental health disorders. For common CHCs on campus, Health Services are able to help manage students' medical cases, but for more specific CHCs, they help locate local resources to better accommodate those students' specific needs (Director of Health Services, personal communication, March 22, 2022).

Admissions Office

Website Review

Drew's Undergraduate Admissions website provides information on how to apply to the university, their programs of study, financial aid resources, their test optional policy, tuition and fees, and information for international students (Undergraduate Admissions, n.d) However, there is no information directed towards incoming first-year students about the policies and requirements for obtaining accommodations. Their web page does not include a link to the OAR's web page where such information is located. This could have implications to high school students with CHCs who are considering the university because it makes it more difficult for them to obtain information about the resources and accommodations for individuals who have CHCs, or they may be unaware that Drew is willing and able to provide such accommodations. There is no acknowledgement of representation and resources that students with unique needs and accommodations would want to know about before visiting the university.

Informational Interview

After a close read of the Undergraduate Admissions web page, I emailed the Assistant Dean of Enrollment Management to discuss how they inform students with CHCs about the specific services and resources available to them, via the OAR. There are a few ways that students are provided with this information. There are some students who directly ask their assigned admissions counselor about accessibility resources, in which case the admissions counselor would provide that information. Parents, along with students, also ask about these resources at events that the admissions office holds for potential incoming students. Another scenario that occurs is that parents will contact the admissions office and ask about the resources that are on campus that can help their child who has a CHC. In all of these instances, the admissions staff informs both the parents and students about the OAR and suggests how

beneficial it is for students to contact the director of accessibility resources. The admissions staff has the business card for the Director of Accessibility Resources on their front desk, which they hand out in order to give students the contact information needed to receive accommodations for their specific needs (Assistant Dean of Enrollment Management, personal communication, March 21, 2022).

Public Safety

Website Review

Drew's Campus Security web page contains information that pertains to safety measures. The Department of Campus Security is composed of officers that are outsourced from SMG Corporate Services, which is a contact security provider (Meet the Staff, n.d).. The web page states that these officers are well-educated in the needs of the Drew community. However, they don't explicitly state what those needs are (About the Department, n.d). For example, many students with CHCs have unique needs that Campus Security deals with regarding transportation, but the web page doesn't provide information on whether and how they help transport students around campus. These students might need assistance walking and/or driving around campus. It is currently unknown if these officers are aware of these needs and if they are trained to interact with students with CHCs, or if this is a service that Campus Security can provide. On their main web page, under the tab "Parking and Motor Vehicle Information", there is a link to a pdf that displays the different types of parking passes offered to students (Parking and Motor Vehicle Information, n.d) One type of parking permit is a special permit, which is issued to those who are eligible for special parking privileges. However, this pdf doesn't explain who is eligible for this permit or what this permit is.

Informational Interview

After a close reading of Campus Security's web page, I emailed the director of this department regarding whether and how Campus Security assists students with unique transportation and parking requests. In terms of student transportation, the director reported that they are not involved in transporting any students around campus or off campus grounds. Students who need off-campus transportation due to illness or injury must utilize an ambulance service. If students need additional assistance with transportation issues, they must contact and work with Health Services. With regards to parking, Drew University does not have the authority to license students with special parking permits. Rather, the state of New Jersey issues handicapped licenses and tags to individuals who need parking spots closer to buildings. (Director of Campus Security, personal communication, April 6, 2022).

Discussion

After conducting an in-depth analysis of each department's web page and interviews with staff from those departments, it became evident that the OAR is the most critical department for students with CHCs who are in need of accommodations and additional resources. The OAR establishes the policies and procedures that are in place for students who are in need of accommodations. Staff in the OAR communicate and provide assistance with other departments who work with students that have CHCs with specific needs. The OAR has developed a clear and straight-forward process for students with CHCs to obtain accommodations, by having them complete a self-disclosure form, in addition to submitting all relevant medical documentation. Once all the required documentation is submitted, the director of the OAR meets with the student to discuss the feasible accommodations they can deliver, and part of this process involves the utilization of CIRT. The OAR utilizes CIRT in order to better disseminate information between the different departments on campus, as by understanding the specific features of a student's medical case and the needs they require, all staff can better assist the student and provide more resources that will add to their efforts. CIRT was positively viewed and reported to be extremely helpful by staff in all informational interviews that were conducted.

The OAR's web page provides clear and concise information and directions for students with CHCs when it comes to the process of obtaining accommodations, submitting documentation, and the type of accommodations offered. On the OAR web page, there are forms and resources that are connected to other departments. More specifically, the web page attaches accommodation forms that allow students to submit their request for accommodations they will need from other departments on campus. The OAR has forms that connect students to the CAE, Residence Life and Housing Department, and public safety. However, these forms are not

organized by department, which can make it difficult for students with CHCs to identify a specific form they are in need of. In addition, there is a section of their web page that provides on-campus resources for students by attaching web-links that direct students to those departments' own web pages. They provide web-links to the CAE, Counseling and Psychological Services, Health Services, Campus Security, and Residence Life and Housing. However, most web pages of the departments included in this study, with the exception of the CAE, did not provide a link back to the OAR website. This suggests that while Drew University has the appropriate procedures and processes in place for students to obtain accommodations, they do not have an easy, clear and consistent method for disseminating their resources to students.

Another issue that was identified in this study is the need for students to advocate for themselves. In all interviews conducted in this study, staff noted the important and necessary step students have to initiate, which is self-disclosure. If students do not self-identify as having a CHC to relevant staff, staff are unable to assist these students in obtaining accommodations and connecting them with other services on campus who can also intervene. A reason for this suggested by the OAR is because of the fear students with CHCs have about others forming negative perceptions of them. OAR's concern has been demonstrated in past research that found students with CHCs possessing negative ideas and understandings about their physical health condition. These negative ideas create feelings of isolation, helplessness, as well as being misunderstood and of being a burden to others (Casati et al., 2000, as cited in Trindade et al., 2018; Taylor, 2006, as cited in Trindade et al., 2018).

These perceptions students have about their own CHCs, which develop as a stigma, was also reported by the Executive Director of Counseling and Wellness at the the James A. McClintock Center for Counseling and Psychological Services. This report is consistent with

past research, which found students with CHCs having a high prevalence of anxiety and depression, which confirms previous findings from Johnston et al. (2021). The Executive Director of Counseling and Wellness suggested the stigma that students with CHCs feel originates from the invisible nature of their conditions. This is supported by Goffman (2000), who explained that “having a condition that is not perceptible, not noticeable, and not evident to others” causes those with CHCs to conceal their challenges due to the fear of negative and punitive societal responses to it (pg. 65). Unlike past research that showed first-year students having the highest prevalence for anxiety and depression (Ravert et al., 2017), staff at Drew’s Counseling and Psychological Services reported that high rates of anxiety and depression are not exclusive to first-year students.

However, the staff in Health Services did not find that students with CHCs fail to disclose their CHCs due to stigma relating to their physical health symptoms; instead, they reported that students fail disclose their CHCs because they feel it is not relevant to why they may be seeking health services during particular appointments. (Director of Health Services, personal communication, March 22, 2022). These findings are consistent with past findings that showed how students with CHCs are more hesitant to seek health services because they don’t perceive a need for professional help in regard to their CHC (Edwards, 2017).

The reluctance of students with CHCs to use campus resources has been found in past research, where college counselors have stated that students with CHCs struggle with social skills, which impede their willingness to locate support groups and communicate aspects of their illness to staff (Davis & Paro, 2020). This study’s findings contribute to the scholarship on how students with CHCs approach and interact with college resources. The current study found that students with CHCs across all years of college have difficulty locating resources when obtaining

accommodations. However, past findings have shown that only 17% of first-year college students with a CHC were connected to college resources (Carroll et al., 2016, as cited in Davis & Paro, 2020; Eaton et al., 2017, as cited in Davis & Paro, 2020; Leonard, 2013; Milsom & Dietz, 2009, as cited in Davis & Paro, 2020).

Once students with CHCs are connected with the OAR and are actively using their accommodations, it was found that attendance flexibility, assignment deadline flexibility, and occasional breaks are the most requested types of accommodations, and these are typically able to be met. This contradicts past results that demonstrated how students with CHCs report the greatest need for mental health services (Sharkey et al., 2018). Drew University's staff has been able to provide many accommodations that fit the request made by students with CHCs, which suggests Drew is largely meeting the needs of students with CHCs who seek accommodations. Drew University is able to meet the needs of students with CHCs because of the current accommodations they offer. These accommodations take into account the unique challenges experienced by students with CHCs, and in doing so, reduce the stress and hardship those challenges pose to these students' daily lives. This contradicts the findings of Royster and Marshall (2008), who found that many colleges do not take into account the unpredictable nature of students' CHCs, which results in students ending up distressed academically, financially and emotionally .

Parental involvement was another common theme that emerged in informational interviews. Specifically, the Residence Life and Housing Department and The James A. McClintock Center for Counseling and Psychological Services noted an over-involvement of parents of first-year students. Staff from all departments consistently encourage students to advocate and communicate their needs for themselves rather than having their parents do so.

Overall, this study found that Drew University offers beneficial resources that can be used by students with CHCs in all areas of college life, including academics, social experiences, physical and mental health maintenance, and dorming. The procedures and policies in place protect and provide assistance to students with CHCs, in order for them to succeed during their college years. The accommodations for each student with CHCs address the unique needs; this is in part because staff members share the necessary information about students and their accommodations with other staff members as needed and as appropriate. The two most significant problems that appear to interfere with students' with CHCs ability to access and use Drew's resources are the ways in which information about those resources are being advertised and disseminated, and students' own motivation and ability to self-advocate and seek out the resources to which they are entitled.

Recommendations for Drew University

There are a number of recommendations to be made to better assist Drew University in communicating their resources to students with CHCs, as well as recommendations to better assist students in appropriately self-disclosing their CHCs and advocating for their needs. A universal recommendation for each department's web page is for their site to link to the OAR's web page. Most department's web pages did not advertise the accommodations available to students, and that those accommodations can be applied to students with CHCs. The OAR's web page provides information and forms that explain to students with CHCs that there are resources in place for their specific needs. Once students know where to find this information, they will more readily be able to access the resources and accommodations to which they are entitled. The CAE does provide a web-link to the OAR's main web page, but it would be more helpful to

provide students with the information that directly connects to accommodations and information relevant to the CAE.

The majority of Drew's department web pages that were reviewed for this study do not include a link to the OAR. This was not true for the CAE's webpage, although their link directed students to OAR's general homepage, rather than to the "Forms" sections on the site that discussed academic resources and accommodations that students with CHCs can utilize. On the CAE web page, they include web-links to forms that would be relevant to students with CHCs due to their unique challenges, such as rescheduling an exam, uploading documentation for excusing absences, requests for incomplete grades, and leaves of absence. These forms are not shown on the OAR web page, and the academic forms listed on the OAR web page are not shown on the CAE web page. Since academic accommodations are the most common requests made by students with CHCs, information pertaining to their needs and requests should be located in one easily accessible place, all on the OAR web page. Once this recommendation is completed, CAE should include a link that directs students to the specific section of the OAR's web page that describes all academic accommodations available to students with disabilities, including CHCs, and how to obtain them. If other departments follow this recommendation, they should be sure they are linking to specific sections of the OAR web page that outlines the policies, procedures, and accommodations which are connected to the services of those departments. This specificity of the link needs to be shown on each department's web page who works with the OAR in assisting and delivering accommodations to students. Lastly, there should also be a description attached to the direct links on each departments web page that clarifies that such link sends students to OAR, that then will provide information on how students with specific disabilities and health concerns are entitled to specific accommodations, as

well as how to obtain such accommodations. This type of description should be on all departments' websites once they include a web-link to the OAR.

Another useful feature on the OAR web page that other departments can implement is a description of the explicit services offered to all student populations. The OAR contains a mission statement that explains what services they offer and how those services can be used by all students with different disabilities and conditions. The Health Services web page also contains a mission statement, but it does not directly address how they are able to provide services to students with physical health conditions or other disabilities in acquiring specific needs. While the other departments' web pages explain their services, they are more general. Each department's web page should acknowledge their services are able to be used by all students, and this is done by addressing how these services are modified for students with specific challenges through accommodations.

Some recommendations are departmentally specific. The OAR has been able to establish policies and procedures that clearly instruct students on how to obtain accommodations due to their medical status. While the OAR has an abundance of useful information that educates students with CHCs about the resources on campus that can better assist their unique challenges, there is no complementary information regarding the usefulness and necessity of these resources for students with CHCs targeted toward Drew's faculty and staff who might be implementing them. While they have a section of their web page that describes to faculty in general what a disability is, the type of legal protections students with disabilities are entitled to, the importance of accommodations, how the OAR can assist instructors in deciphering and implementing accommodations, and how to make instructors syllabus more welcoming to students with disabilities, this section does not differentiate how different type of disabilities can affect the

need and importance of students receiving accommodations. Students with CHCs possess an unpredictable and long-term symptomatology that affects the requests they might have at a given time. It would be helpful if the OAR website provided general information about CHCs on their web page for faculty and staff to become familiar with. For further expansion, they could include scholarship on the implementation of resources and accommodations that students with CHCs require. This implementation would allow faculty to understand the nature of living with CHCs, and by understanding this, they can better assist students in a manner that does not create more academic challenges for them.

A recommendation that is applicable to many departments at Drew University is new or additional training on accommodations for CHCS for faculty and staff. For example, academic advisors should be trained in the resources available at Drew University through the OAR, if this is not already happening. Also, the OAR should instruct faculty and staff how to discuss and create a conversation with students about the available resources to which students have access. Lastly, the OAR should train all faculty and staff on matters regarding CHCs. Overall, the OAR can benefit from educating Drew personnel on how to appropriately refer students with CHCs to specific resources.

Similarly, there may be particular student populations who would benefit from such training, such as RAs. RA's participation in crisis management training allows them to better assist their peer's living needs. If not done so already, this training should educate RA's on the unique housing needs that are common among students with CHCs. It would also be productive if this training program informed RA's about the general knowledge behind CHCs, as it would better help these students understand, interact, and assist those with CHCs.

In regards to James A. McClintock Center for Counseling and Psychological Services, they primarily offer group therapy, which is not sought after or desired by students with CHCs. Since these students are not necessarily engaging with group therapy, it would be beneficial if their web page included information about how therapy groups can be created based on specific student populations who have similar challenges. This could allow for the development of a group for students with CHCs, to connect with others who have similar struggles, which as a result can produce benefits for them socially. It appears to be necessary for counseling staff to promote the positive outcomes of group therapy to students with CHCs because individual therapy sessions are not always the preferred treatment modality at the Center for Counseling and Psychological Services. However, staff should consider the importance of offering students with CHCs these individual therapy sessions because they experience frequent and unique challenges, which has shown to contribute to significant levels of anxiety and depression (Johnston et al., 2021).

The distinction between these two forms of therapeutic treatment and their values needs to be reflected on the Center for Counseling and Psychological Services web page. More specifically, their web page needs to precisely indicate their treatment services, and which students are applicable for these services. These changes need to be addressed promptly as their web page creates the perception that they offer individual therapy on a routine basis; however, in practice it appears that the primary modality of treatment is group therapy. The Counseling and Psychological Services offers other services as well, such as workshops, that also need more information and clarity. There should be information provided that specific workshops can be created if students come forward and ask for them, since counseling staff mentioned they are

more than willing to develop specific workshops when the need for them is brought to their attention.

For the Residence Life and Housing Department web page, more information needs to be included that addresses how this department is able to establish accommodations for students with CHCs. Currently, the web page does not mention medical singles, which is a common accommodation requested by those with disabilities and medical conditions. If the web page briefly explains what types of modified living they provide, and directs them to the OAR page for how to put those accommodations in place, students would be better educated and reassured as to how they would be able to live on campus, despite their challenges.

Health Services has shown that they provide resources that benefit students with CHCs, but their lack of displaying such specialized services can interfere with how many students with CHCs use their services. Their web page should acknowledge how they are able to assist students in their pre-existing treatment plans, such as by storing, ordering, and delivering specific medicine that students with CHCs were prescribed. In addition, they could explain on their web page how they can communicate with students' health care providers when health challenges or complications emerge. They are able to provide services that help students with CHCs reduce travel time and expenses because they offer some of those services on-campus, which should be made clear. The services offered by this department serves to be quite valuable as past research has shown that students with CHCs struggle with independent management of their medical condition, accessibility, and transitioning healthcare (Johnston et al.,2021). Also, since they offer resources for specific CHCs which are based on general data of college students and from past cases of students with CHCs, they should also note that they offer assistance in locating services off-campus and making referrals for any CHC.

Undergraduate Admissions has the potential to disseminate information about the OAR to students who are unaware of the services offered on campus that are in place for those with CHCs. If the site stresses that Drew is able to accommodate students with disabilities and health conditions - academically, residentially, and socially - more incoming first-year students might be knowledgeable about the resources they need to access and the accommodations that they have the right to obtain. When students are informed about the availability of resources and accommodations Drew can offer, there may be increased motivation and ability among first-year students with CHCs to access and utilize resources on Drew's campus that have services in place to help them.

The Undergraduate Admissions web page has a side-bar of categories such as application forms, tuition and fees, list of events and academic courses, among many others. However, the web page shows no information about the OAR or displays Drew's willingness and ability to work with students who are in need of accommodations of any kind. It would be relatively simple to add another linked category for accessibility resources. This would allow potential incoming students who have CHCs to be aware of the policies and procedures that exist, including and particularly for students who might need accommodations. In addition, the admissions staff should be informed about the challenges for first-year students in connecting to campus resources; only approximately 17% of first-year students utilize campus services available to them (Herts et al., 2014). By admissions staff being aware of this data, it would encourage them to inform more new students about the OAR, as they interact with first-year students on a frequent basis. The admissions department should also encourage students with CHCs to meet with the staff in the OAR before classes begin, in order to guarantee and help reduce the stress of obtaining accommodations, and to arrange to have accommodations in place

prior to the start of the semester; however, they can only do this for students who self-identify as eligible for accommodations. Furthermore, Admissions staff have the ability to contact high school counselors and can establish communication in order to obtain information on the type of challenges students with CHCs experience when transitioning into college. If admissions staff are able to collect this information, Drew will be better positioned to make this transition as smooth as possible.

The web page that was least informative and supportive for students with CHCs was Campus Security. There is no information on their page that indicates how their services are available to those with health challenges. While it is stated on their site that they are able to meet the needs of the Drew community, they do not appear set up to meet the needs of those who have CHCs. The areas where their services might overlap with the needs of students with CHCs are around transportation throughout campus and/or specialized parking permits; however, they do not provide those services or resources to students. The Director of Campus Security stated that students seek assistance with their transportation concerns through Health Services. However, Health Services does not provide this service. Rather, they can assist students who have short-term issues with their mobility by locating a provider who can authorize their use of a specialized device. If students have long-term challenges with their mobility, they must receive assistance from the OAR, who assist them in obtaining transportation accommodations, as well as outside medical providers. This error in communication can be avoided through the utilization of staff training. If staff is knowledgeable on the purposes and resources of each department on campus, they are better able to recommend those resources to students, based on their specific needs.

In addition to using each department's web pages to spread awareness to the resources and accommodations available for students with specific needs, such as those with CHCs, there

are other methods Drew University can use to disseminate their information to students. Every morning, Drew Today emails all students about up-coming events and opportunities that will be occurring. A similar idea can be applied for students with medical conditions. The OAR can create an account that provides students with information, resources and opportunities that exist on campus and in the local area that can better assist students with specific needs. This email can be sent to all Drew students on a monthly basis.

Furthermore, there are ways to improve student advocacy and self-identification as having a CHC. Previous research has identified that many students with CHCs have unmet needs from high school that carry over during their undergraduate years (Lapan, Poynton, Marcotte, Marland, & Milam, 2017, as cited in Davis & Paro, 2020). Also, students with CHCs struggle with social and emotional skills which impede their ability to locate and voluntarily seek out resources on campus that can assist them with their needs (Davis & Paro, 2020). When considering this information, Drew University can implement measures to assure these students' needs are being met, as well as provide them skills for self-advocacy. Since all students with CHCs who have self-identified meet with the director of OAR before the start of classes to discuss accommodations they will need, the meeting should address their high school experience and discuss what current accommodations were and were not useful, and what other resources could have assisted these students.

In terms of encouraging more students with CHCs to self-disclose, providing information that reaffirms the privacy and protection students receive when they reach out for assistance would be important. The OAR has demonstrated that they contain staff who are willing to assist and care for students with CHCs. Their resources both online and in-person reflect this. The other departments on Drew's campus need to mirror this type of communication. The

information that is connected to each department's web page and what is talked about to students in-person needs to reflect that they offer resources with the capability of assisting students with CHCs, and more importantly, show how they want to help students with CHCs. By each department including information that is readily available and easy to access, it has the potential to encourage students with CHCs to self-identify.

While it is important for students to self-identify, they must also self-advocate. However, for students to feel comfortable enough to advocate their needs, they must first be taught the skills to do so. Drew University could offer workshops, webinars, classes, and reading material that can teach students the skills and foster their courage to seek out the resources they need and how they should go about doing so.

The most critical recommendation this study can offer revolves around the student population itself. Those at Drew University who can understand the complexities of having a CHC, how that applies to campus life, and who can best explain the resources and procedures that are involved in receiving accommodations and obtaining support networks, are the students themselves who have CHCs. There needs to be more opportunities for self-identified students with CHCs to interact with other students with CHCs, especially incoming students. Currently, there are no active clubs or organizations on campus for students with CHCs. By implementing spaces that are designed exclusively for students with CHCs, it creates a social network in this community that provides them with information about the resources and procedures Drew University has that can cater their unique needs. Also, having students with CHCs who are willing to discuss these matters by attending other social functions at Drew University, especially those designed for first-year students, can be impactful. They can share with others the value of the OAR and provide contact information to others who are in need of their services.

Overall, it would be important to improve communication that Drew University has with students in order to develop methods that easily spread and allow access to information about the resources to which students with CHCs are entitled. By encouraging more methods and opportunities for Drew University to share the resources to protect and help students with CHCs, it promotes a more positive environment for this specific population. These recommendations acknowledge the gap that exists between the demand of students identifying their CHC and advocating their needs, in addition to the skills required to do so.

Limitations and Future Directions

As with all research, there are some limitations to this study. This study examined what resources are available at Drew University, along with how these resources were communicated to students with CHCs. The analysis focused on the administrative efforts, but did not investigate students' experiences of the available resources and how that information was disseminated. An instrumental factor that motivated this study was my own experience as a student who has a CHC, and how I was able to obtain and utilize my accommodations at Drew University. However, my own experiences may be different from other students with CHCs who were navigating and obtaining specific resources on campus. To better understand how students discover and obtain accommodations, the degree of difficulty in undergoing the process for obtaining accommodations, and how useful those accommodations are for students' specific needs, it is imperative that data is collected and analyzed from the student perspective. This perspective would allow us to know how accessible Drew's accommodations are for students with CHCs, who have specific challenges and needs. Also, this type of study would demonstrate how well students with CHCs self-identify and self-advocate.

Similarly, while this study has shown the importance of the administrators' roles in establishing accommodations for students with CHCs, future research is needed to understand the degree of knowledge faculty possesses about the needs of students with CHCs. Faculty have the role of acting upon the accommodations that are put in place, and with that, control how well these students' needs are being met. This study did not explore faculty's experience when applying academic accommodations in the classroom. By gathering such information, it would broaden our understanding of the knowledge and willingness of faculty to utilize accommodations. The concerns or confusion that some faculty may report about whether they can or should make certain accommodations - such as whether accommodations would impact the integrity of their courses - would show other barriers that exist when students with CHCs attempt to implement their accommodations. By obtaining the faculty's viewpoint on the accommodations that are currently applicable to students with CHCs, we can show the ways in which faculty work to apply accommodations in the classroom, where they struggle or fail to do so, and how to better prepare them to provide students reasonable and equitable accommodations.

Lastly, this study did not have the capacity to test the generalizability of the findings; to be clear, that was not the goal of the study. The study focused on Drew University as a unit of analysis. It is unclear if these results are applicable to other small private universities. Without such comparison, it is unknown whether the same issues exist at other schools, and with that, if the same recommendations are useful towards other university settings.

The next step should be to implement the recommendations suggested in this study to distinguish if they provide assistance in disseminating information and encouraging student self-advocacy. After the recommendations are implemented, it would be important to assess how

efficient and effective Drew's efforts were and what additional suggestions should be made. Furthermore, Drew can gather information about students with CHCs by performing individual interviews or conducting a focus group to explore their experiences in obtaining and utilizing their accommodations. This same method can be applied to faculty when determining their perspective on current accommodations needed for this student population. Finally, it would be important to investigate the relationship students with CHCs have with the OAR. Investigating how these students experience the current policies, procedures, and resources that Drew University offers can highlight where improvements and stronger connections need to be made.

Future efforts among this topic can continue with research that captures how broad this issue of supplying accommodations is on an educational level. Currently, the framework of this thesis is on examining the accommodations, policies, procedures as needed and experienced by individual students. The scope of this thesis is based on an individual solution to what may be a systematic problem. While it is crucial to perform research that identifies the challenges and needs that have to be fulfilled for specific individual students who have specific individualized health conditions and disabilities, it is not the only viewpoint to consider when addressing these accommodation challenges. It is just as important to consider the challenges that all students experience, which underscores the degree to which our educational system is ableist. Rather than asking students with disabilities to learn to work within an ableist system, we could instead ask how the system might change so that the mainstream educational system and processes meet the needs of all students. While students with CHCs experience unique challenges due to their health circumstances, and students without CHCs don't experience those challenges to their daily functioning, that does not mean that students do not experience difficulties.

Conclusion

Despite the limitations of this study, the examination of Drew University's policies, procedures, and resources suggests Drew is adequately meeting the unique needs of students with CHCs. The combination of resources that are rooted in knowledge about CHCs and the communication by staff and faculty when delivering accommodations, allow for students with CHCs to receive accommodations that assist them in all aspects of college life. The benefits from each department's resources are weakened by the lack of effective methods that disseminate information about these services to the student body. Additionally, many students with CHCs who enter college have underdeveloped self-advocacy skills that act as a barrier when receiving accommodations. Taken together, the findings suggest Drew University is more than qualified to educate and govern students with CHCs in a safe and thriving environment, and that some improvements can easily be made to make this information more readily available to students with CHCs.

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Appendix A

According to the rights and responsibilities section under the OAR web page, students have the right to “an equal opportunity to participate in and benefit from employment, programs, services, and activities offered through the university, an equal opportunity to learn, and to receive reasonable accommodations, academic adjustments, and/or auxiliary aids and services, appropriate confidentiality of all information regarding their disability, and to choose to whom information about their disability will be disclosed, except as disclosures are required/permitted by law, and information, reasonably available in accessible formats" (Rights and Responsibilities, n.d). The rights of students with CHCs are organized around them having equal participation in career programs and in their academic opportunities. It is clear that these students have the right to receive specific accommodations due to their needs that Drew can feasibly offer, as well as their health conditions and concerns are protected with privacy

With regard to responsibilities, every documented student with a disability has the responsibility to “meet qualifications and maintain essential institutional standards for employment, courses, services, and activities, self-identify as an individual with a disability, when an accommodation is needed, and to seek information, counsel, and assistance as necessary, demonstrate and/or document (from an appropriate professional) how the disability limits their participation in employment, courses, programs, services, or activities, and follow published procedures for obtaining information, services and reasonable accommodations” (Rights and Responsibilities, n.d).

While students with CHCs have the right to receive accommodations, they must meet certain requirements upheld by Drew University in order to obtain those accommodations. They must have the educational qualifications to be enrolled into specific classes and obtain certain job

employment, as well as the medical qualifications to obtain accessibility resources. Also, in order to receive accommodations students with CHCs must identify as having health conditions and seek out the OAR with the appropriate documentation needed to obtain their services. This documentation must meet the requirements of detailing the CHC, what the associated physical limitations are, and what accommodations need to be put into place to help with those limitations that specific students are experiencing. Once they have completed the self-identification form and submit medical documentation through the OAR website, they meet their responsibilities.

Drew University reserves rights for the institution as well. The University has determined they have the right to “maintain its academic standards, identify and establish essential functions, abilities, skills, knowledge and standards for courses, programs, services, jobs, activities and the use of facilities; and to evaluate students on this basis, request and receive, through the Office of Accessibility Resources, current documentation that supports the request for accommodations, academic adjustments, and/or auxiliary assistance and services, deny any request for accommodations, academic adjustments, and/or auxiliary assistance and services if the individual fails to provide appropriate documentation, or if the documentation provided demonstrates that the request is not warranted and refuse an accommodation, adjustment, and/or auxiliary assistance and services as unreasonable” (Rights and Responsibilities, n.d). In sum, Drew University can deny accommodation requests if it interferes with the requirements of specific courses, which are needed for the course. If accommodations that students are requesting limit the course's ability to deliver specific skills or information, and if the student is unable to complete the tasks the course is requiring, the OAR can't intervene. They are also allowed to evaluate and deny their services to students based on their documentation. If their documentation does not meet all the requirements or if it requests

accommodations that are not feasible for Drew to deliver upon, such requests are allowed to be denied.