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An Examination of the Relationship between Use of Counseling Services and Emotional Resiliency Development

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An Examination of the Relationship between
Use of Counseling Services and Emotional Resiliency Development

Chelse Morgan Hawkins

A Thesis Submitted to the Graduate Faculty of
GRAND VALLEY STATE UNIVERSITY

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Chelse Morgan Hawkins

Abstract

Mental health services remain underutilized and stigmatized within the culture of higher education despite the important role that they play in the development of one's emotional resiliency competence (ERC). Data suggest that mental health disorders account for nearly 50% of the total burden of disease for young adults in the United States. Students who struggle with mental health concerns in college tend to have lower grade point averages and are at greater risk for dropout than those students who do not struggle with these concerns. Counseling services are able to alleviate the symptoms of mental health concerns through the development of ERC. Yet, over 45% of undergraduate students who stop attending college due to mental health concerns had not sought counseling assistance before withdrawing. In order to address the underutilization of counseling services, this study focuses on the impact that counseling services have on students' development of ERC. The researcher examined this comparison using a quantitative, random, representative survey of undergraduate students at a public, Midwestern university. The survey utilized the Connor-Davidson Resilience Scale 25 (CD-RISC-25), a 25-item survey which assesses emotional and psychological resiliency. Study results indicated a significant relationship between ERC and experience with mental health struggles. Further research implications are explored.

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An Examination of the Relationship between
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Chapter One: Introduction

Problem Statement

Mental health services remain underutilized and stigmatized within the culture of higher education despite the important role that they play in the development of one's emotional resiliency. The concept of emotional resiliency, which refers to one's capacity to recover from adversity, is positively correlated to academic performance and retention (Ayyash-Abdo, Sanchez-Ruiz, & Barbari, 2016). Students, who display high levels of competence in regards to emotional resiliency traits, tend to perform better academically than those students who do not demonstrate competency in this area (Ayyash-Abdo et al.). Additionally, high levels of emotional resiliency competence (ERC) correlate with lower levels of mental health concerns (Weiss, 2008).

Assisting students in their development of emotional resiliency is a skillset required of all K-12 school psychologists in the United States (Weiss, 2008). However, despite research supporting the positive correlation between a student's development of high emotional resiliency through counseling services and their academic success, mental health services are underutilized by those postsecondary students who indicate mental health concerns (DiPlacito-DeRango, 2016). Further research is needed to explore the connection between emotional resiliency development and counseling services, when considering mental health concerns.

Importance and Rationale of Study

Data suggest that mental health disorders account for nearly 50% of the total burden of disease for young adults (ages 18-25) in the United States (D'Amico, Mechling, Kemppainen, Ahern, and Lee, 2016). Furthermore, young adults (ages 18-25) have the highest prevalence of mental, behavioral, or emotional disorders at 22.1% ranging from no impairment to severe impairment, as compared with adults older than age 25 (National Institute of Mental Health [NIH], 2017). Students who struggle with mental health concerns in college tend to have lower grade point averages and are at greater risk for dropout than those students who do not struggle with mental health issues (Kosyluk, 2016). Weiss (2008) suggested that counseling services are able to alleviate the symptoms of mental health struggles through the development of emotional resiliency skills. Yet, D'Amico et al. found that more than 45% of undergraduate students who stop attending college due to mental health concerns had not sought assistance from their university counseling centers before withdrawing.

Therefore, it is imperative that higher education institutions recognize the importance of emotional resiliency development through counseling services in order to promote a student body that is characterized as having skills to persist and experience academic success. In order to assist students experiencing mental health concerns with their academic success, an examination of the relationship between emotional resiliency development and counseling services is needed. Furthermore, research that attributes positive outcomes to counseling services may assist in eradicating the stigma surrounding mental illness, thus dismantling a primary barrier to seeking counseling services. Ultimately, research into these areas can provide information that may lead to strategies

for fuller utilization of counseling resources, higher student grade point averages, and higher student retention rates.

Background of the Study

Many factors may contribute to the underutilization of counseling services. These potential factors may include students' financial inability to obtain counseling resources due to lack of health insurance or lack of a health insurance policy that covers mental health counseling. Also, if students attend an institution that offers a low quality of university counseling services or no counseling resources at all, they may be less likely to seek out assistance for mental health concerns. Similarly, many counseling departments only offer appointments during traditional business hours and students may have to wait several weeks before seeing a counselor, which may discourage them from utilizing counseling resources. However, as noted by D'Amico et al. (2016) many researchers indicate that the stigmatization of mental illness and counseling services is the main contributor to the underutilization of these resources.

Societal stigmatization of mental health counseling is not a new development, but rather has a long history in the United States. Psychiatric counseling services were not offered to students through higher education institutions until the early 20th century when psychiatrist, Stewart Paton, organized the first dedicated mental health services program at Princeton University in 1910 (Kraft, 2011). Up until Paton's establishment of university mental health services, institutions encouraged students to engage in physical education as a way to alleviate psychological stress (Kraft). Traditional mental health counseling was either administered by university teachers and clergy, or hospital psychiatrists outside of the university. In this era, society ultimately viewed the use of

psychiatric services to be reserved for psychotic individuals who were often labeled as “insane” (Kraft, p. 477).

Currently, while organizations such as the American College Counseling Association (ACCA; 2009) advocate for the ethical, diverse development of counseling and mental health services in all higher education institutions, most counseling departments remain underutilized by students. Kraft (2011) suggested that even though organizations like the ACCA strive to eradicate the stigma surrounding mental health services, it has firmly implanted itself into the American psyche over hundreds of years. As a result, students experiencing a mental health issues often refrain from seeking counseling services in an attempt to avoid being stigmatized by others (D’Amico et al., 2016). Consequently, students might miss out on opportunities to develop the emotional resiliency needed to persist with the support of the very professionals who are perhaps most prepared to help.

Many counseling professionals now consider traits of emotional resiliency to be helpful in healthily coping with mental health struggles (Kraft, 2011). Wang, Xu, and Luo (2016) defined emotional resilience as “the ability to generate positive emotion and recover quickly from negative emotional experiences” (p. 727). Furthermore, these authors noted that traits of emotional resilience are negatively correlated with characteristics of anxiety and depression. Additionally, Rajan-Rankin (2014) found that emotional resilience is positively correlated with emotional and social competencies, positive emotions, optimism, hope, hardiness, and stress-resistance.

Jorm (2012) suggested that improving a community’s mental health literacy can empower those individuals to take action for better mental health, despite the presence of

stigma. In regards to the higher education community, if students were better educated on the prevalence of mental health issues in young adults and the benefits of using counseling resources, they may be more empowered to utilize counseling services. Further investigation is needed into the effectiveness of higher educational counseling services, with specific focus on the development of emotional resiliency traits within students. Research derived from this investigation can be used to further educate undergraduate students on the importance of mental health, thus empowering them to better utilize university counseling services.

Statement of Purpose

In order to address the underutilization of counseling services, this study focuses on the relationship between university counseling services and a student's development of emotional resiliency. Specifically, this study compares the ERC levels of students who have used counseling services with the ERC levels of students who have not used these services, when considering whether or not they indicated mental health concerns. To examine this comparison, the researcher surveyed undergraduate students at a medium-size Midwestern university to gauge their ERC level. The voluntary survey uses the Connor-Davidson Resilience Scale 25 (CD-RISC-25), a 25-item survey which assesses emotional and psychological resiliency.

Using the survey results, the researcher identified four subcategories: (1) students who indicated that they have previously used counseling services and have had experience with mental health concerns, (2) students who have previously used counseling services and had not had experience with mental health concerns, (3) students who have not previously used counseling services, but indicate mental health concerns,

and (4) students who both have not used counseling resources and do not have experience with mental health concerns. Within these groups, the researcher analyzed the levels of ERC using the CD-RISC-25.

As discussed, there has been previous research conducted related to the importance of ERC for undergraduate students. However, there is little research that explores how the concept of ERC can be used to address the underutilization of counseling services. This study not only seeks to add to the existing knowledge base regarding the importance of ERC within mental health, but also aims to provide a tool for institutions in destigmatizing counseling services. It is the hope that the results from this study encourage higher educational institutions to better promote the importance of mental health counseling, which will lead to higher utilization rates of counseling services. Ultimately, higher utilization rates of counseling services may lead to improved student mental health that increases the academic success of all students.

Research Question

In order to explore the relationship between emotional resiliency development and counseling services at a medium-sized Midwestern university, the following question guided this study: How do the levels of ERC between undergraduate students who have used counseling services and undergraduate students who have not used counseling services compare when considering whether or not they indicated mental health concerns?

Hypothesis

H₁: Undergraduate students who have used counseling services and/or do not indicate mental health concerns will have higher levels of ERC, based on the CD-RISC-25, than undergraduate students who have not used counseling services, but indicate mental health concerns.

Definition of Terms

A summary of key terms used in this study are as follows:

Academic Performance refers to a student possessing a grade point average that is considered in good standing at the university.

American College Counseling Association (ACCA) refers to an organization which includes professionals and student members who work in college counseling settings.

Biopsychospiritual Homeostasis refers to the maintenance of equilibrium between body, mind, and spirit (Richardson, 2002).

Emotional Reactivity refers to the threshold of tolerance that exists prior to the occurrence of adverse events (Ayyash-Abdo et al., 2016).

Emotional Resiliency refers to a specific set of individual traits, such as commitment to goals, self-efficacy, sense of control, humor, patience, tolerance, adaptability, faith, optimism, and attachment to others, that are protective factors against adversity; a multidimensional characteristic that varies with context, time, age, gender, and cultural origin (Connor & Davidson, 2003).

Mental Health Concerns refers to any mental, behavioral, or emotional disorder, diagnosed or undiagnosed, ranging from having no impairment to severe impairment on a person's day-to-day life (NIH, 2017).

Resiliency Model refers to Richardson's (2002) research which proposes that one begins at a point of biopsychospiritual homeostasis and then adapts body, mind, and spirit to current life circumstances or disruptions.

Postsecondary refers to any education that is beyond high school; college or higher education.

Retention refers to a student's progression towards graduation from a bachelor's program.

Sense of Mastery refers to characteristics of optimism, self-efficacy, and adaptability (Ayyash-Abdo et al., 2016).

Sense of Relatedness refers to the ability to trust, seek social comfort, and tolerate differences (Ayyash-Abdo et al., 2016).

Stigmatization refers to reactions that the population has toward individuals with mental health issues and towards counseling services (D'Amico, 2016).

Traditional Aged Students refers to a person attending postsecondary education who is between the ages of 18 and 25.

Limitations and Delimitations of Project

A potential limitation of the study is the presence of non-response bias within the sample population. There may have been participants who were unwilling or unable to answer the survey, which could have resulted in the collective responses not being entirely representative of the views of the entire sample population. In addition, a

potential study limitation could have been participants' unwillingness to disclose that they have used counseling services or need to, despite the anonymity of the survey. Mental health is a sensitive topic that participants may not have wished to discuss in an online survey. Another potential limitation is the timing of survey. While participants had at least a full semester to utilize counseling resources, a student may have been unable to meet with a counselor due to full appointment schedules or timing conflicts before taking the survey.

The study delimitations include all participants being undergraduate students enrolled at the same Midwestern university. Second, participants all have access to a student email address through which they completed the survey. The survey was accessible for a specific time period of two weeks. Survey questions were closed-question format.

Chapter Two: Literature Review

Introduction

The following sections include relevant theories and literature that describe emotional resiliency and its role in mental health. First, a discussion of the origin and function of emotional resiliency will be offered, with a focus on Richardson's (2002) resiliency model. Relevant theory also includes Dweck's (2006) mindset theory which focuses on processes of learning and intelligence. Second, a synthesis of the pertinent literature surrounding the topics of emotional resiliency and mental health will be offered. The literature discusses the benefits of possessing high ERC, the role that counseling services play in the development of a student's emotional resilience, and student adjustment to college when struggling with mental health concerns.

Theory/Rationale

The concept of emotional resilience originated from the field of psychopathology and child development to explain how some individuals maintain healthy lifestyles and thrive in the face of adversities, stressors, or life changes while others display maladaptive behaviors in the face of similar events (Richardson, Neiger, Jensen, & Kumpfer, 1990). In effect, resiliency is the process of one's ability to cope with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective skills than prior to the disruptive life event (Richardson et al.). Furthermore, resilience is a multidimensional characteristic that varies with context, time, age, gender, and cultural origin (Connor & Davidson, 2003).

Theorists in the psychopathology field tend to ascribe to one of two perspectives on how resiliency functions within individuals: (1) resiliency is a static trait or

characteristic that an individual is born with, or (2) resiliency is a processed skill that can be developed within an individual over time (Richardson et al., 1990). This study adopts the latter perspective and operates under the hypothesis that emotional resiliency skills can be learned and developed with the assistance of counseling services. This elastic perspective of resiliency development also relates to Dweck's (2006) mindset theory which asserts that intelligence is not static (as cited in Haimovitz & Dweck, 2016). Specifically, Dweck proposes that individuals with a fixed mind-set believe that they have a static amount of intelligence that they cannot change, whereas those with a growth mind-set view their intelligence as elastic (as cited in Haimovitz & Dweck, 2016). Thus, individuals with a fixed mind-set tend to question their abilities and stop putting forth effort when work becomes difficult, whereas individuals with a growth mind-set tend to put forth increased effort when work becomes difficult because they believe that effective strategies can help shape intelligence. Similarly, those who believe that resiliency is elastic may be more apt to use strategies that promote effective coping in the face of difficult life experiences than those who view resiliency as a static characteristic.

Richardson's (2002) resiliency model offers the perspective that an individual may be able to use coping skills that allow them to learn, develop new skills, and effectively deal with a challenge, a new experience, or a major stressor after experiencing a similar event (as cited in Connor & Davidson, 2003). Specifically, Richardson's model proposes that one begins at a point of biopsychospiritual homeostasis and then adapts body, mind, and spirit to current life circumstances or disruptions (as cited in Connor & Davidson, 2003). Internal and external stressors are ever-present and one's ability to cope with these events is influenced by both successful and unsuccessful adaptations of

previous disruptions. In some situations, such protective adaptations are ineffective, resulting in disruption of the biopsychospiritual homeostasis. Richardson (as cited in Connor & Davidson, 2003) asserts that one's response to disrupted biopsychospiritual homeostasis results in one of four outcomes: (1) resilient reintegration, (2) homeostatic reintegration, (3) maladaptive reintegration, and (4) dysfunctional reintegration.

Resilient reintegration refers to one's ability to learn new skills, develop better self-understanding techniques, and gain a better comprehension of personal social environment influences when faced with a disruption to their current world view (Richardson et al., 1990). Ultimately, through the disruptive experience, a resilient individual is able to reconstruct their life in a way that leaves them with more protective factors and skills to effectively cope in the face of future life events. Essentially, the disruption represents an opportunity for growth and increased resilience, whereby adaptation to the disruption leads to a new, higher level of internal balance.

Homeostatic reintegration refers to one's efforts to return to the same level of functioning that was evident prior to the disruptive life event (Richardson et al., 1990). The individual that returns to the same level of biopsychospiritual homeostasis does not build upon their protective skills and will likely have recurring disruptions of a similar nature. In effect, these individuals are displaying coping strategies that only function to last the duration of the disruption and do not carry forward into future experiences.

Maladaptive reintegration refers to one's inclination to respond to disruptive life events with regressive strategies and behaviors (Richardson et al., 1990). Instead of expounding upon their current level of homeostasis and protective skill development, the individual regresses to a lower level of biopsychospiritual homeostasis. For example, an

individual may have had high self-esteem, a sense of challenge, high expectations, and an internal locus of control before a disruptive event (Richardson et al., 1990). Yet, after experiencing a disruptive event, a person in a state of maladaptive reintegration becomes resigned to a lower state of functioning within these areas. Instead of attempting to return to their previous level of functioning, the individual resigns themselves to their current state (Richardson et al., 1990).

Dysfunctional reintegration also refers to an individual's response to disruptive life events with regressive strategies and behaviors that result in critical distress for the individual (Richardson et al., 1990). In this situation, the individual is unable to effectively use any coping strategies and is therefore thrust into emotional, physical, mental, or spiritual crisis. One's biopsychospiritual homeostasis is severely disrupted and may require some form of psychotherapy to restore or improve.

This study, operating under the perspective that resiliency can be developed through learned coping strategies, examines how counseling services can facilitate the growth of these skills for undergraduate students. Furthermore, this study proposes that individuals who have experienced mental health concerns but have not utilized counseling resources may possess fewer resiliency skills and may align more closely with Richardson's (2002) dysfunctional reintegration category than those individuals who have experienced mental health concerns but have utilized counseling resources. Thus, this study essentially asserts that a student's use of counseling services may be characteristic of Richardson's resilient reintegration category.

Synthesis of Research Literature

The following sections review current literature surrounding the concepts of resiliency and mental health as they relate to college adjustment and retention. First, a review of the challenges associated with emerging adulthood will be discussed in order to provide context for a traditional aged student's transition into postsecondary education. Second, a discussion of how traits of emotional resiliency can mediate the challenges associated with postsecondary transition. Third, a review of the associations between ERC and academic performance will be provided in order to illuminate the link between high ERC and high academic performance. Lastly, a discussion of the implications that mental health concerns have for student retention rates is provided in an effort to demonstrate the importance of effectively serving students who struggle with these concerns.

Obstacles Associated with Emerging Adulthood

The period from the late teens through the early twenties is often a time of profound change and volatility (Arnett, 2000). This period of emerging adulthood is often fraught with important life-altering decisions that include, but are not limited to, getting married, moving into a home independently, and entering the workforce or postsecondary education. Yet, this age group has experienced demographic shifts over the past half century that has altered the nature of their development as they emerge into adulthood. For example, according to the Pew Research Center (as cited in D'Vera, Passel, Wang, & Livingston, 2011), the 1970 median age of marriage in the United States was about 21 for women and 23 for men, which by 2010 had risen to 27 for women and 29 for men.

Additionally, the proportion of young Americans enrolled in postsecondary institutions has risen from 52% in 1970 to 70% in 2016 (Bureau of Labor Statistics, 2010, 2017).

American society has also, arguably, increased its expectations of young people within this tumultuous life period. Students are pressured to choose an educational path early on in their journey that they are told will create the foundation for their future incomes, occupational achievements, and quality of life (Arnett, 2000). Furthermore, if a student has aspirations to pursue an advanced degree, their academic pressure is increased to include choosing a program that will make them academically competitive (Arnett, 2000). The immense pressure of these early choices often creates an environment of stress for young people as they emerge into early adulthood.

In regards to the college transition, which is one specific life event that many young adults experience, Schlossberg's (1981) transition theory examines one's ability to cope during a period of crisis (as cited in Harley, Beach, & Alston, 2008). Specifically, Schlossberg (1981) proposed that there are four major factors that influence a student's ability to cope in transition. The first factor, situation, refers to a triggering event, situation, or change which causes a person to enter a period of transition or crisis. The second factor, self, refers to one's personal characteristics affecting how an individual views life and psychological resources aiding in transitional coping. The third factor, support, refers to the type, function, and measurement of support, as well as intimate relationships, family units, networks of friends, institutions, and communities that assist an individual with transition. Lastly, the fourth factor, strategies, refers to those interventions that modify one's situation in order to make meaning of the crisis and assist

in coping. According to Schlossberg (1981), the four factors of transition relate to a student's academic attendance, personal development, and individual worldview.

Additionally, Credé and Niehorster (2012) indicated that adjustment to college is predictive of grade point average (GPA) and retention. Specifically, Credé and Niehorster conducted a meta-analytic review of the literature surrounding adjustment to college, which the researchers assert is a multidimensional construct. The search initially yielded 744 potential studies, but the final examination utilized 237 of these as studies were only included if they provided information on at least one of three types of relationships: (1) the relationships among different types of adjustment to college, (2) the relationship of adjustment to college with possible antecedents or correlates, and (3) the relationship of adjustment to college with either college GPA or college retention (Credé & Niehorster, 2012).

Upon review of the literature, Credé and Niehorster (2012) identified a primary theme which was the significant correlation between adjustment to college and both GPA and retention. The researchers found that the predictive validity of adjustment to college for GPA is comparable to the predicative validity of SAT scores and high school GPA for the same measure. The relatively weak relationship between exemplary high school academic achievement and college GPA may partly explain why students with high achievement in high school sometimes struggle in a college setting. If a high achieving high school student is unable to positively adjust to college socially, mentally, and physically, their previous academic excellence will not guarantee a high college GPA.

In regards to a young adult's positive social, mental, and physical adjustment to college, Credé and Niehorster (2012) identified several trait variables and resources that

may assist students through the transition. Specifically, trait variables that are most positively related to college adjustment include conscientiousness, self-efficacy, an internal locus of control, self-esteem, and low depression (Credé & Niehorster, 2012). As a way to promote the development of these trait variables within young adults, the researchers indicate that certain support services positively strengthen a student's adjustment to college. For example, the researchers found that social support in the form of counseling services, available faculty, and institutional resources positively influenced adjustment to college, specifically to academic adjustment. Therefore, there is a direct link between use of social support services and college GPA.

Resiliency and College Adjustment

The college adjustment period has been shown to be a particularly stressful time for young adults, yet some students are able to mentally, emotionally, and physically adjust to the new environment better than others. As a result of entering college, Galatzer-Levy, Burton, and Bonanno (2012) asserted that the majority of students experience an increased vulnerability for exposure to potentially traumatic events (PTEs) and are at a heightened risk for the development of stress-related pathology. In order to address the variance between student adjustment levels when faced with PTEs, Galatzer-Levy et al. examined resiliency behaviors as a tool for flexible college adaptation. Specifically, the researchers studied 155 undergraduate students in an intensive four-year longitudinal study in which participants completed several self-report measures related to distress and coping behaviors. The self-report measures, which were sponsored by the college, were administered in group testing sessions in large classrooms. The researchers found that approximately half of the participants indicated having been exposed to a PTE

within the first year of college. However, while the researchers discovered that distress levels and coping abilities were not necessarily influenced by exposure to a PTE, flexible coping behaviors were strongly associated with a resilient attitude toward the college experience. Furthermore, Galatzer-Levy et al. observed that social networks, including peers, faculty, staff, and campus resources, played an important role in adaptation across semesters among the most continuously distressed students.

Similarly, Masten, Burt, Roisman, Obradović, Long, and Tellegen (2004) examined young adults' patterns of continuity and change in competence and resilience in relation to adversity and psychosocial resources. Participants for the study were selected from a sample of 205 children whose families had participated in a previous longitudinal study of competence and resilience conducted by the same researchers. At the time, the children were in the third to sixth grades and subsequently participated in follow-up studies after 7, 10, and 20 years. The present study focused on a subsample of 173 of the 177 individuals who participated both during the 10 year follow-up in emerging adulthood (EA), and again during the 20 year follow-up in young adulthood (YA). The EA follow-up method included interviews of participants, aged 17-23, and questionnaire assessments that focused on competence and resiliency in regards to lifetime adversity, disadvantage, and stressful life events. The YA follow-up method included similar interviews of participants, aged 28-33, and questionnaire assessments focused on the role of adaptive resources and chronic adversity.

Masten et al. (2004) found that YA competence and resiliency over time was strongly associated with a set of resources in childhood and EA, which included intellectual functioning, parenting quality, and socioeconomic advantages. Furthermore,

the researchers found that EA competence and resiliency was strongly associated with adaptive behaviors including a motivation to succeed in the future, behavioral and emotional autonomy, the capacity to handle stressful situations, and having access to supportive adults. Thus, when students enter college during the period of EA, they may be more likely to develop lasting competence and resiliency skills over time if they have access to social support resources, such as counseling, that foster traits of motivation, autonomy, and stress coping.

Evidence continues to support the idea that intrapersonal resilience factors can assist undergraduate students in navigating an increasingly stressful college environment. In one study, Hartley (2011) examined the relationships between measures of interpersonal resilience, intrapersonal resilience, and mental health in regards to academic and social integration. A paper-based survey was administered to a participating sample of 605 undergraduate students at two Midwestern universities at the end of their psychology, counseling, journalism, or education class. Hartley found a positive relationship between tenacity in regards to academic challenges and higher cumulative GPAs. However, the researcher also found a negative positive relationship between tolerance of stress and lower cumulative GPAs. This negative relationship is surprising because students who indicate being able to tolerate higher levels of stress are often expected to withstand academic challenges and have higher cumulative GPAs. Hartley proposed that being able to tolerate stress is a resilience factor only for students who have experienced significant adversity. Ultimately, the researcher called for more research to further examine the relationships between resilience, mental health, and academic success.

Emotional Resiliency Competence and Academic Performance

Research indicates that there is a positive correlation between high emotional resiliency competence (ERC) and academic performance. Ayyash-Abdo et al. (2016) examined resiliency factors as predictors of academic performance in a quantitative study using 599 Lebanese high school student participants, ranging from ages 11 to 19. The study indicated that resiliency factors including sense of mastery, sense of relatedness, and emotional reactivity predicted academic performance over hope, gender, socioeconomic status and age. Participants who displayed high levels of ERC, with specific regard to sense of mastery, performed significantly better academically than those students who did not demonstrate competency in this area. The researchers also found that factors of emotional resiliency played a more important role in the academic performance of middle/late adolescence than early adolescence.

Additionally, research indicates that there is a positive correlation between high ERC and one's ability to cope with adversity. Seery, Holman, and Silver (2010) examined how adverse experiences foster emotional resilience and the resulting advantages for mental health and well-being. The researchers conducted a longitudinal study consisting of a national sample of the adult U.S. population. Individuals with some history of adversity reported better mental health and well-being outcomes than those with a high history of adversity and those with no history of adversity. The researchers concluded that adversity, in moderation, fosters the development of emotional resiliency and ultimately develops more mentally healthy individuals.

Retention and Mental Health Concerns

As students struggle with mental health concerns, they may experience academic difficulties that could ultimately result in departure from college. In a study conducted by Deroma, Leach, and Leverett (2009), a significant, negative relationship was found between depression and academic performance. Specifically, the researchers examined the association between self-reported depressive symptomology and college academic performance in a sample of 164 undergraduate and graduate psychology students from a southeastern military college. Participants ranged from 18 to 55 years of age with a mean age of 24.5 years. Undergraduate students comprised 49% of the sample, while 33% were graduate students, and 18% did not report status. In order to gather their results, the researchers used the Beck Depression Inventory-II (BDI-II; Beck et al., 1996), which is a 21-item self-report rating inventory measuring characteristic attitudes and symptoms of depression (as cited in Deroma et al., 2009). Results indicated that students who displayed moderate levels of depressive symptoms had performed lower academically compared to those students with normal or minimal levels of depressive symptoms. While the researchers note that the causation behind the self-reported GPA and self-reported depressive symptomology relationship is not clear, there is a significant negative correlation between depression and academic performance.

In an effort to better understand the perceptions and experiences of college students who struggle with mental illness during their educational journey, Knis-Matthews, Bokara, DeMeo, Lepore, and Mavus (2007) conducted a qualitative, phenomenological study on four undergraduate student participants. The study was conducted at a private, non-profit, psychosocial day program that serves young adults

throughout New Jersey who have been diagnosed with a mental illness. Each of the four participants was a graduate student who was a member of the day program and had been previously diagnosed with a mental illness.

Knis-Matthews et al. (2007) identified four primary themes from their interviews with participants: (1) education helped each student find a sense of purpose and transition into other life roles, (2) the impact of mental illness made it difficult to stay consistent during school and work years, (3) support systems and strategies contributed to students' success, and (4) the supported education program assisted participants in returning to a classroom setting.

Overall, while each participant's role as a student was a subjective experience, post-secondary education can be seen as a stressful, yet positive life transition. However, participants indicated that the symptoms and stigma associated with mental illness created additional academic challenges. Knis-Matthews et al. (2007) asserted that supportive professors and mental health counselors can help students suffering from mental illness overcome these challenges.

Similar studies reiterate the theory that mental health concerns often create additional barriers for students as they navigate the college experience. Boyraz, Granda, Baker, Tidwell, and Waits (2016) examined the potential mediating effects of resiliency and academic achievement on the relationship between posttraumatic stress disorder (PTSD) symptoms and college persistence. Using a quantitative, longitudinal study design, the researchers surveyed a sample of 484 first-year students, from a public university located in the southern U.S. region, who reported PTSD symptomology. The survey was administered to participants during a university-seminar at three points during

the academic year: once during the fall semester, once at the beginning of the spring semester, and once at the end of the academic year.

Boyraz et al. (2016) found that the relationship between PTSD symptomology in the first semester of college and second-year enrollment was mediated by resiliency and first-year cumulative grade-point average (GPA). The results indicated that participants who began college with higher levels of PTSD symptoms also reported lower levels of resiliency, which had a significant indirect effect on second-year enrollment through lower first-year GPA's. Put plainly, students who indicated higher levels of PTSD symptoms and lower levels of resiliency were less likely to succeed academically which indirectly resulted in their choice not to persist into a second year of college. These findings underscore the importance of first-year academic achievement in the decision process associated with returning for a second year of college, especially in regards to students struggling with mental health concerns. In light of the negative relationship between PTSD symptomology and college persistence, the researchers advocate for early interventions that focus on identifying and screening for vulnerable students who can then be connected with valuable mental health resources.

Summary

The period of emerging adulthood is often a stressful and turbulent time due to the prevalence of life-altering decisions that must be made. Evidence continues to support the idea that intrapersonal resilience factors can assist undergraduate students in navigating an increasingly stressful college environment (Hartley, 2011). Furthermore, research indicates that there is a positive correlation between high ERC and academic performance (Ayyash-Abdo et al., 2016). Ultimately, as students struggle with mental health concerns,

they may experience academic difficulties that could ultimately result in departure from college (Deroma et al., 2009). Lastly, researchers advocate for early interventions that focus on identifying and screening for vulnerable students who can then be connected with valuable mental health resources (Boyraz et al., 2016).

Chapter Three: Research Design

Introduction

The purpose of this study is to examine the relationship between undergraduate students' use of counseling services and their levels of ERC. Specifically, this study examines how the levels of ERC between undergraduate students who have used counseling services and undergraduate students who have not used counseling services compare when considering whether or not they indicated mental health concerns. It is hypothesized that undergraduate students who have used counseling services and/or indicate mental health concerns will have higher levels of ERC, based on the Connor-Davidson Resilience Scale 25 (CD-RISC-25) in comparison to undergraduate students who have not used counseling services, but indicate mental health concerns.

In the following sections, I discuss the study's methodology, including the study design, participants, instruments, data collection procedures, and data analysis. A timeline for the study is also offered.

Participants

Study participants were undergraduate students enrolled at a medium-sized public Midwestern university. A random, representative sample of undergraduate students was selected from the general student population by the university's Office of Institutional Analysis. The researcher did not have access to identifying information about students who were invited to participate in this study. All randomly selected participants had complete anonymity to the researcher in their decision to participate in the study and responses.

Currently, there are approximately 22,000 undergraduate students enrolled at the university. Assuming a 5% margin of error and a confidence level of 95%, the required sample size needed for a representative sample of this population is approximately 378 responses. According to the Office of Institutional Analysis, the typical response rate at this university is 10% for similar studies. Thus, an invitation to participate in the online survey was sent to the student email address of 3,780 students via the Office of Institutional Analysis. In total, 511 complete responses were collected from the initial sample pool and were used for study analysis, representing a 13.5% response rate that turned out to be higher than expected.

Instrumentation

The study utilized the Connor-Davidson Resilience Scale 25 (CD-RISC-25) which is a 25 item self-rated assessment (See Appendix A). The CD-RISC-25 assists in quantifying resilience as a clinical measure to assess treatment response (Connor & Davidson, 2003). Each item is rated on a 5-point scale (0-4) with higher scores reflecting greater resilience for each item. Each of the 25 items is totaled to reveal an overall resiliency score, with higher scores equating to higher ERC. For example, if a respondent were to mark 0 for each of the 25 items, their resiliency score would be 0, which indicates low ERC. Conversely, if the respondent were to mark 4 for each of the 25 items, their resiliency score would be 100, which indicates high ERC. Resiliency scores can range between 0 and 100 on the CD-RISC-25. Furthermore, the 25 items on the CD-RISC-25 relate to specific characteristics of resiliency, but not each item is associated with a specific resiliency trait. Rather, the cumulative resiliency score incorporates information relating to characteristics such as faith, optimism, adaptability to change,

patience, tolerance, sense of humor, self-efficacy, goal-orientation, commitment, and secure attachment to others (See Appendix B). Each of the 25 items can be analyzed individually for information on certain specific resiliency traits, but only the cumulative CD-RISC-25 score assesses for overall ERC.

Two additional demographic questions were asked to identify whether or not a student had utilized counseling resources and whether or not they had experienced mental health struggles. The two demographic questions were as follows:

- 1) Have you now or ever experienced mental health struggles or concerns?
- 2) Have you now or ever utilized mental health counseling services?

Connor and Davidson (2003) performed reliability analyses and correlational analyses on six adult samples to examine the validity and reliability of the CD-RISC-25. The scale was administered to five samples, including: community sample, primary care outpatients, general psychiatric outpatients, clinical trial of generalized anxiety disorder, and two clinical trials of posttraumatic stress disorder (PTSD). Based on their study, Connor and Davidson concluded that the CD-RISC-25 is applicable in assessing adaptive and maladaptive strategies for coping with stress and mental illness. Overall, the CD-RISC-25 has been tested in the general population and in clinical samples, thus resulting in the demonstration of good internal consistency and test-retest reliability.

Data Collection

In the third week of the winter semester, the CD-RISC-25, two demographic questions, and an IRB approved agreement of participation was sent to participants by the Office of Institutional Analysis via student email accounts. The survey remained open for a period of two weeks to allow for ample response time. After one week had passed,

participants received a reminder email. After the duration of two weeks, responses were no longer accepted. The email included instructions for completing the survey, a confidentiality statement, an explanation of the nature of the survey, but not an explanation of what the survey aimed to discover, and a link to the survey form. The survey form was created using Qualtrics software. The Office of Institutional Analysis already had access to student email addresses. Survey responses were made securely available to the researchers by the Office of Institutional Analysis via a Qualtrics data file. Only complete responses were used for data analysis. Thus, of the 621 responses collected, 110 incomplete responses were discarded and 511 complete responses were utilized for data analysis.

Data Analysis

Completed responses were exported to the Statistical Package for the Social Sciences (SPSS) software system for secure analysis. Answers were anonymous, but each participant's answers were shown together. The data was broken down into four subcategories: (1) students who indicated that they have previously used counseling services and have had experience with mental health concerns, (2) students who have previously used counseling services and had not had experience with mental health concerns, (3) students who have not previously used counseling services, but indicate mental health concerns, and (4) students who both have not used counseling resources and do not have experience with mental health concerns. The use of counseling services served as the predictor variable and level of ERC served as the criterion variable. A two-way analysis of variance (ANOVA) test was conducted to analyze significant associations between the subcategories. The two-way ANOVA test was used to compare

the CD-RISC-25 mean scores between the four subgroupings, which had been split on two independent variables (use of counseling resources and experience with mental health concerns). Specifically, the two-way ANOVA test examined the relationship between use of counseling resources and experience with mental health concerns with ERC.

Summary

In summation, a survey was administered for this quantitative, cross-sectional study. The survey was given to a representative, random sample of undergraduate students at a public Midwestern university in an electronic, online format that they accessed via their student email accounts. The survey link was made available in the third week of the winter semester and remained open for two weeks before submissions were no longer accepted. The study utilized the Connor-Davidson Resilience Scale 25 (CD-RISC-25) which includes 25 items for assessing the relative level of resiliency. The data were analyzed to examine the relationship between undergraduate students' use of counseling services and their levels of ERC, with regards to experience with mental health concerns.

Chapter Four: Results

Introduction

The following sections include descriptions of key findings from the research study. First, a discussion of the study's descriptive data provides context for further results. Second, in an effort to offer further study context, a description of frequency statistics for each subgroup is given. Third, a description of CD-RISC-25 score findings are offered, with specific emphasis on the two-way ANOVA test. Lastly, the study's hypothesis is discussed in relation to study results.

Descriptive Data

The two demographic items that were collected for this study were related to participants' use of counseling services and to participants' experiences with mental health concerns. In order to protect the anonymity of participants, no other identifying demographic information was collected.

It can be assumed that the representative random study sample is reflective of the student population at the public, medium-sized Midwestern university at which this study took place. Of the approximately 22,000 undergraduate students at the university, about 16% are first year students, 22% are sophomores, 25% are juniors, and 37% are seniors. Additionally, approximately 82% of university students identify as White, 5% identify as Hispanic or Latino, 5% identify as African American or Black, and 2% identify as Asian. Approximately 60% of students identify as female and 40% identify as male. Approximately 37% of students identify as first-generation college students, 32% identify as low income, and 2% identify as a veteran. Thus, while it is important to keep in mind that participants in this study did not explicitly identify with all of the aforementioned

demographic data, the random sample assured that the data was representative of the students enrolled in the university. Furthermore, it is important to keep in mind that study results should not be extrapolated to other institutions, especially if those institutions do not possess similar demographic data as the university used in this study.

Results

This section begins with an overview of the descriptive statistics of the overall data set. It also includes a detailed breakdown of the descriptive statistics of each of the four study subgroups. Next, a description of the two-way analysis of variance (ANOVA) test is given in order to examine the relationship between use of mental health counseling resources and experience with mental health concerns with levels of ERC. Lastly, the study hypothesis is discussed in relation to ANOVA results and key findings.

Overall Data Set Descriptive Statistics

The CD-RISC-25 score descriptive statistics for the entire data set, consisting of all 511 complete responses, are represented in Table 1. To recap, a higher CD-RISC-25 score, out of a total of 100, indicates a higher level of ERC. In contrast, a lower CD-RISC-25 score, out of a total of 100, indicates a lower level of ERC. The mean CD-RISC-25 score for the overall data set ($N=511$) is 69 with a standard deviation of 14.020. The minimum CD-RISC-25 score for the overall data set ($N=511$) is 0 and the maximum score is 100. Interestingly, the mode CD-RISC-25 score for the overall data set ($N=511$) is 62. When compared to the overall mean of 69 and median of 69, this suggests the presence of outliers within the dataset that may have negatively skewed the distribution of CD-RISC-25 scores to be lower.

Table 1

Descriptive Statistics for CD-RISC-25 Score of Overall Data Set (N=511)

Statistic	Value
Mean	69
Median	69
Mode	62
Standard Deviation	14.020
Variance	196.573
Minimum	0
Maximum	100
Percentile 25	61
Percentile 50	69
Percentile 75	80

Subgroup Frequencies and Descriptive Statistics

Within the overall data set, four subgroups exist: (1) students who indicated that they have previously used counseling services and have had experience with mental health concerns, (2) students who have previously used counseling services and had not had experience with mental health concerns, (3) students who have not previously used counseling services, but indicate mental health concerns, and (4) students who both have not used counseling resources and do not have experience with mental health concerns. Subgroup frequencies and mean CD-RISC-25 scores are summarized below and represented in Table 2 along with totals which represent the number of students who reported now or ever utilizing mental health counseling resources as well as whether or not they have now or ever experienced mental health struggles or concerns.

Group 1. Of the 511 total responses, 200 participants indicated that they have previously used counseling services and have had experience with mental health concerns. Thus, this subgroup comprises approximately 39.1% of the total data set, which

makes this subgroup the largest. The average CD-RISC-25 score for participants in this subgrouping was the lowest of all four subgroups at a 65.

Group 2. Of the 511 total responses, 15 participants indicated that they have previously used counseling services but had not had experience with mental health concerns. Thus, this subgroup comprises only about 2.9% of the total data set, which makes this subgroup the smallest. Interestingly, the average CD-RISC-25 score for participants in this subgrouping was the highest of all four subgroups at 77.

Group 3. Within subgroup three, 136 participants indicated that they have not previously used counseling services, but indicate having had experience with mental health concerns. Consequently, this subgroup comprises approximately 26.6% of the total data set. The average CD-RISC-25 score for participants in this subgroup was a 66.

Group 4. The fourth subgroup included 160 participants who indicated that they had neither utilized counseling resources nor had experience with mental health concerns. This subgroup comprised the second largest sector of data with approximately 31.3% of total responses. The average CD-RISC-25 score for participants in this subgrouping was also the second highest group score at a 74.

Table 2

Subgroup Frequencies of CD-RISC-25 Mean Scores

		Have you now or ever utilized mental health counseling resources?			
			Yes	No	Total
Have you now or ever experienced mental health struggles or concerns?	Yes	Count (N)	200 (Group 1)	136 (Group 3)	336
		Total (%)	39.1%	26.6%	65.8%
		Mean Score	65	66	66
	No	Count (N)	15 (Group 2)	160 (Group 4)	175
		Total (%)	2.9%	31.3%	34.2%
		Mean Score	77	74	75
Total	Count (N)	215	296		
	Total (%)	42.1%	57.9%		
	Mean Score	66	71		

Two-Way ANOVA Test

In order to examine the relationship between use of mental health counseling resources and experience with mental health concerns with levels of ERC, a two-way analysis of variance (ANOVA) test was conducted. This test was utilized because each factor possessed two levels and gave participants a chance to respond ‘yes’ or ‘no’ to each demographic question. The interaction between use of counseling resources and experience with mental health concerns had no significant effect on mean CD-RISC-25 score, $F(1, 507) = 0.801, p = 0.371$. Simple main effects analysis showed that there were no significant differences between use of counseling resources on CD-RISC-25 score,

$F(1, 507) = 0.162, p = 0.688$. However, there was a significant difference between experience with mental health concerns on CD-RISC-25 score, $F(1, 507) = 26.948, p < 0.05$. Thus, results indicate that while use of counseling resources did not have a significant effect on CD-RISC-25 score, experience with mental health concerns did have a significant effect on mean CD-RISC-25 scores at this institution (See Table 3).

Table 3

Tests of Between-Subjects Effects

Dependent Variable: CDRISC_SCORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	9829.067 ^a	3	3276.356	18.370	.000
Intercept	944325.549	1	944325.549	5294.800	.000
Q4	4806.101	1	4806.101	26.948	.000
Q3	28.866	1	28.866	.162	.688
Q4 * Q3	142.798	1	142.798	.801	.371
Error	90423.254	507	178.350		
Total	2528020.000	511			
Corrected Total	100252.321	510			

a. R Squared = .098 (Adjusted R Squared = .093)

Hypothesis

For this study, the researcher hypothesized that undergraduate students who have used counseling services and/or have not indicated mental health concerns will have higher levels of ERC, based on the CD-RISC-25, than undergraduate students who have not used counseling services, but indicate mental health concerns. Based on the results of the two-way ANOVA test, the researcher's hypothesis was rejected. Specifically, results

indicated that neither the interaction between use of counseling services and experience with mental health concerns nor use of counseling services alone, regardless of experience with mental health concerns, had a significant impact on levels of ERC. However, results indicated that there was a statistically significant impact on levels of ERC based on a participant's experience with mental health concerns alone, regardless of use of counseling services. Additionally, the mean subgroup CD-RISC-25 scores for individuals who did not have experience with mental health concerns ($M=77$ [reported utilizing counseling], $M=74$ [reported not utilizing counseling]) were higher than those who had experience with mental health concerns ($M=65$ [reported utilizing counseling], $M=66$ [reported not utilizing counseling]). These results, which are representative only of this particular university, suggest that the ERC of someone who has experienced mental health concerns will be lower than someone who has not experienced mental health concerns, regardless of use of counseling resources.

Summary

While the only two demographic items that were collected for this study were related to participants' use of counseling services and to participants' experiences with mental health concerns, it can be assumed that the representative random study sample is reflective of the student population at the public, medium-sized Midwestern university. Of the 511 complete survey responses, 200 respondents comprised subgroup one, representing those who reported utilizing counseling and experiencing mental health struggles or concerns; 15 comprised subgroup two, representing those who reported utilizing counseling but did not experience mental health struggles or concerns; 136 comprised subgroup three, representing those who reported they did not utilize

counseling although they had experienced mental health struggles or concerns; and 160 comprised subgroup four, representing those who reported they did not utilize counseling and had not experienced mental health struggles or concerns.

In regards to average CD-RISC-25 scores, the mean score for the overall data set ($N=511$) is 69, the mean score for subgroup one ($N=200$) is 65, the mean score for subgroup two ($N=15$) is 77, the mean score for subgroup three ($N=136$) is 66, and the mean score for subgroup four ($N=160$) is 74. The results suggest that participants' CD-RISC-25 score, or ERC, is not dependent on the interaction between students' reports of their experience with mental health concerns and their use of mental health counseling resources, due to the lack of statistical significance within the two-way ANOVA interaction analysis. The same can be said about the simple effect analysis for the factor related to students' reported use of mental health counseling resources. However, the two-way ANOVA demonstrated a significant effect of experience with mental health concerns on CD-RISC-25 score, or ERC. This suggests that students' reports of experience with mental health concerns are connected to lower levels of ERC for students at this particular university as measured by the CD-RISC-25.

Chapter Five: Discussion

Introduction

In the following sections, the researcher provides a summary of the study goals, an analysis of how study findings relate to the original research question, and a discussion of the relationship between study outcomes and current literature. Recommendations for institutional and professional practice are offered based the researcher's analysis of study findings. Lastly, the researcher offers recommendations for future research based on study limitations, unanswered questions, and notable findings.

Summary

The purpose of this study was to examine the relationship between undergraduate students' use of counseling services and their levels of ERC. In order to explore this relationship, the following question guided this study: How do the levels of ERC between undergraduate students who have used counseling services and undergraduate students who have not used counseling services compare when considering whether or not they indicated mental health concerns?

Furthermore, this study operated under the perspective that emotional resiliency is elastic and can be developed through learned coping strategies. This perspective was influenced by Richardson's (2002) resiliency model and Dweck's (2006) mindset theory. Based on these two theoretical perspectives and findings from relevant literature focused on emotional resiliency, the researcher hypothesized that undergraduate students who have used counseling services and/or do not indicate mental health concerns would have higher levels of ERC, based on the CD-RISC-25, than undergraduate students who have not used counseling services, but indicate mental health concerns.

Data collection for this quantitative, cross-sectional study included the use of an online survey that was administered to a representative, random sample of undergraduate students at a public Midwestern university. Participants were invited to take the anonymous survey via their student email accounts in the beginning of the winter semester. The survey contained the 25 items from the CD-RISC-25 and two demographic questions relating to participants' experience with mental health struggles or concerns and use of mental health counseling services.

Using the 511 complete survey responses collected for this study, the researcher identified four subcategories: subgroup one ($N=200$), subgroup two ($N=15$), subgroup three ($N=136$), and subgroup four ($N=160$). Based on cumulative CD-RISC-25 scores, the subgroup with the highest mean score was subgroup two ($M=77$), which consisted of participants who indicated utilizing mental health resources but had not experienced mental health concerns. The second highest mean CD-RISC-25 score was subgroup four ($M=74$), which consisted of participants who had neither utilized counseling resources nor experienced mental health concerns. The subgroup with the second lowest mean CD-RISC-25 score was subgroup three ($M=66$), which consisted of participants who had not utilized counseling resources, but indicated having experienced mental health concerns. Lastly, the subgroup with the lowest mean CD-RISC-25 score was subgroup one ($M=65$), which consisted of participants who had utilized counseling resources and had experience with mental health concerns. A two-way ANOVA test was conducted to examine the interaction of participants' utilization of counseling resources and their reports of experiences with mental health concerns on ERC as measured by the CD-RISC-25.

Conclusions

Statistical findings from this study provide information that can be used to answer the study hypothesis and research question. While conclusions derived from this study can be reasonably generalized to the population at the Midwestern university where collection took place, results cannot necessarily be generalized to the entire higher education population.

In regards to the study hypothesis, based on the results of the two-way ANOVA test, the hypothesis was rejected. Specifically, results indicated that neither the interaction between use of counseling services and experience with mental health concerns nor use of counseling services alone, regardless of experience with mental health concerns, had a significant impact on levels of ERC. These results suggest that participants' use of mental health counseling resources do not impact their level of ERC at this particular institution. It is important to note that several confounding variables may have contributed to these results. For example, based on how the survey scales were set up, it is possible that participants reversed their ranking of questions. Note that the frequency distribution was negatively skewed. It might have been that participants did not carefully read the directions and inadvertently selected values that were the inverse of their intended responses. For example, consider a student who inadvertently answered all '0's when in fact the student might have intended to mark all '4's. The format of the questions when administered on a computer screen includes the labels in the top row and 25 rows of questions follow without repeating the labels. These sort of responder errors that are not difficult to imagine, particularly for college-aged students, would impact study results.

Furthermore, the researcher recognizes in retrospect that the phrasing of the two demographic questions may have led to skewed results in regards to the impact of the use of counseling on ERC scores. The demographic questions asked whether or not a participant had ever utilized counseling resources or had ever experienced mental health concerns. Yet, answers to survey questions were based on present experiences. Thus, a participant may have utilized counseling resources in the past but now is not utilizing those services. One's CD-RISC-25 score may have been different at the time they were utilizing counseling resources than it was when they completed the survey. In future studies, the researcher suggests isolating use of counseling services and experiences with mental health concerns in such a way that differentiates the past from the present so as to account for present CD-RISC-25 scores. Consider a student who had utilized counseling in the past but is not currently using it now and reports they are currently experiencing mental health concerns. The researcher specifically recommends including the following four demographic questions in future studies:

- 1) Have you utilized mental health counseling resources in the past?
- 2) Are you currently utilizing mental health counseling resources?
- 3) Have you experienced mental health concerns or struggles in the past?
- 4) Are you currently experiencing mental health concerns or struggles?

However, there is a statistically significant interaction between the experience with mental health struggles and CD-RISC-25 scores based on the two-way ANOVA test. Specifically, participants who indicated having had experience with mental health concerns, regardless of use of counseling resources, had lower average CD-RISC-25 scores ($M=65$ [reported utilizing counseling], $M=66$ [reported not utilizing counseling])

than those participants who did not have experience with these struggles. These results suggest that one's ERC is lower for those students who have had experienced mental health struggles or concerns and this particular institution.

It is important to note that these results do not suggest that mental health counseling services do not assist students who struggle with mental health concern or are not effective in fostering ERC. In fact, the highest levels of ERC found in this study were associated with participants who utilized counseling resources despite not having reported experiences with mental health struggles or concerns ($M=77$). Further research is needed to examine why these students sought out counseling resources and how the relationship between counseling resources and ERC is affected by potentially confounding variables at this institution.

Discussion

Arnett (2000) suggested that young adults experience a tremendous amount of pressure and stress as they enter college. Additionally, Arnett noted that students face the challenges of choosing an educational path and a career path that will lay a foundation for their future incomes, occupational achievements, and quality of life. Arguably, in the face of these challenges, it may be difficult for students to develop high levels of ERC as they quickly learn to navigate their new college environment. When comparing the mean U.S. general population CD-RISC-25 score, which is an 81, to the mean scores for the four subgroups ($M=65$, $M=77$, $M=66$, $M=74$) in this study, one can see that all groups scored lower on average than the general population (Connor & Davidson, 2003). Reasons for this difference may include age, life experience, and life stage. Specifically, the U.S. general population score includes adults who have, arguably, already established

themselves in careers, finished college, and had time to develop higher levels of ERC.

Whereas, participants in this study are most likely at a point in their life where important life decisions are yet to be made and resiliency development is ongoing.

Other key research indicates that certain trait variables, such as conscientiousness, self-efficacy, an internal locus of control, and self-esteem are all positively related to college adjustment (Credé & Niehorster 2012). Additionally, research shows that flexible coping behaviors are strongly associated with a resilient attitude toward the college experience (Galatzer-Levy et al., 2012). Furthermore, research suggest that resiliency competence is strongly associated with adaptive behaviors including a motivation to succeed in the future, behavioral and emotional autonomy, and the capacity to handle stressful situations (Masten et al., 2004). All of these traits, coping strategies, and adaptive behaviors are incorporated into the CD-RISC-25 (Connor & Davidson, 2003). Thus, a higher CD-RISC-25 score may indicate a higher competency in regards to these trait variables, coping behaviors, and adaptive behaviors. Ultimately, students in this study with higher CD-RISC-25 scores may have higher competency in the trait variables, coping behaviors, and adaptive behaviors mentioned previously, and may be more resilient as they progress toward graduation.

Implications for Practice

One of the basic goals of higher education professionals, faculty, and administrators is to assist students toward degree completion. Students who enter college should be supported so that they are able to progress in their chosen academic program. Of course, it is not enough that students only progress; they should excel in their academic and personal development. The much loftier goal of higher education is to

assist students with their emotional, academic, personal, and professional development so that they not only graduate, they achieve all-around personal excellence. Furthermore, when an institution is able to successfully graduate high-achieving students at larger rates the entire institutional community benefits. Higher graduation rates directly affect admission statistics, competitive figures, and institutional bottom lines. Thus, an institution would be remiss to ignore the glaring needs of students who are suffering from mental health struggles or concerns.

Specifically, students who struggle with mental health concerns and have lower levels of ERC also tend to have lower grade point averages and are at greater risk for dropout than those students who do not struggle with these issues (Kosyluk, 2016; Ayyash-Abdo et al., 2016). This study found that students who have experienced mental health struggles or concerns may have lower levels of ERC than students who have not experienced these concerns at this institution. Students who experience mental health concerns or struggles and are not supported by their institution may likely drop out or struggle academically, which directly impacts an institution's bottom line. In an age where retention rates are the focus of many institutions, effectively supporting students who are struggling with mental health concerns is vital.

Based on study findings, key research, and the link between mental health concerns and academic persistence, the researcher calls for further development of mental health support resources within the higher education community. If an institution does not already offer mental health counseling services to their students, the researcher suggests doing so as these resources may help develop higher levels of ERC for students, regardless of whether they struggle with mental health concerns.

Implications for Future Research

Further research is needed to examine the relationship between mental health counseling resources and mental health concerns within a higher education community. Specifically, this study did not find that the interaction of these two variables on ERC scores was significant, but previous research indicates that a significant interaction exists (Weiss, 2008).

This study was conducted at a predominately White institution, with a traditionally aged student population. Further research is needed to explore connections between race, ethnicity, age, gender, and socio-economic status, and mental health struggles. Additionally, this study only touches upon the concept of stigma as it relates to mental health concerns and mental health counseling services. Further research is needed into how stigma affects one's decision to utilize mental health counseling resources and whether or not other demographic factors such as race, gender, sexual orientation, socioeconomic status, or ability contribute to mental health stigma. Lastly, this study does not address participants' potential use of psychotropic medications and their effects on ERC. Further studies might be conducted to explore the relationship between mental health struggles or concerns and use of psychotropic medications as an independent variable impacting levels of ERC.

Overall, this study highlights the link between mental health concerns, ERC, and academic success. Further research is needed to examine which specific support resources institutions can utilize to positively strengthen this connection.

Appendix A

Connor-Davidson Resilience Scale 25 (CD-RISC-25)

Connor-Davidson Resilience Scale 25 (CD-RISC-25) ©

*For each item, please mark an "x" in the box below that best indicates how much you agree with the following statements as they apply to you over the last **month**. If a particular situation has not occurred recently, answer according to how you think you would have felt.*

	not true at all (0)	rarely true (1)	sometimes true (2)	often true (3)	true nearly all the time (4)
1. I am able to adapt when changes occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have at least one close and secure relationship that helps me when I am stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When there are no clear solutions to my problems, sometimes fate or God can help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can deal with whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Past successes give me confidence in dealing with new challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Having to cope with stress can make me stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I tend to bounce back after illness, injury, or other hardships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Good or bad, I believe that most things happen for a reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I give my best effort no matter what the outcome may be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Even when things look hopeless, I don't give up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. During times of stress/crisis, I know where to turn for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Under pressure, I stay focused and think clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I prefer to take the lead in solving problems rather than letting others make all the decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am not easily discouraged by failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I have a strong sense of purpose in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I like challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I work to attain my goals no matter what roadblocks I encounter along the way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I take pride in my achievements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add up your score for each column 0 + _____ + _____ + _____ + _____

Add each of the column totals to obtain CD-RISC score = _____

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Appendix B

Characteristics of Resilient People

Reference	Characteristic
Kobasa, 1979	View change or stress as a challenge/opportunity
Kobasa, 1979	Commitment
Kobasa, 1979	Recognition of limits to control
Rutter, 1985	Engaging the support of others
Rutter, 1985	Close, secure attachment to others
Rutter, 1985	Personal or collective goals
Rutter, 1985	Self-efficacy
Rutter, 1985	Strengthening effect of stress
Rutter, 1985	Past successes
Rutter, 1985	Realistic sense of control/having choices
Rutter, 1985	Sense of humor
Rutter, 1985	Action oriented approach
Lyons, 1991	Patience
Lyons, 1991	Tolerance of negative affect
Rutter, 1985	Adaptability to change
Current	Optimism
Current	Faith

Appendix C
Survey Instrument

Title of Thesis:

Undergraduate Student Persistence

Principal Investigator (PI) Name:

Dr. Shawn Bultsma

Co-PI Name:

Chelse Hawkins

E-Mail Contact Information:

hawkinch@mail.gvsu.edu

You are invited to participate in an online survey for a research project conducted through Grand Valley State University. Grand Valley State University's Human Research Review Committee (HRRC) requires investigators to provide informed consent to the research participants.

The purpose of this online research study is to examine factors that impact the persistence of undergraduate students. The co-primary investigator is completing this study as a part of her master's thesis. Participants will be asked questions related to their personal emotional resiliency and their use of counseling services. Your participation in the study will contribute to a better understanding of some of the factors that impact undergraduate students' persistence at GVSU. Consequently, participants must be undergraduate students at Grand Valley State University.

This research protocol has been approved by the Human Research Review Committee at Grand Valley State University. Study No. 18-120-H Expiration: January 08, 2020.

If you agree to participate The survey will take approximately 10-15 minutes of your time. The questions ask about your personal emotional resiliency, your use of counseling services, and your experience with personal well-being. You will not be compensated.

Risks There are no known risks to participation in this research. **Benefits** There will be no costs for participating. Although your participation in this research may not benefit you personally, it is hoped that it will help us understand factors that contribute to undergraduate students' persistence at GVSU. If you would like to obtain a copy of the group results of this study, please contact Dr. Shawn Bultsma at 616-331-6648 at the end of Winter semester of 2018. **Confidentiality of Data** Your responses will be anonymous; no identifying information will be collected. Your name and email address will not be known to the investigators and consequently, they will not be kept during the data collection phase. Only the investigators will have access to the data during the data collection phase. No identifying information will be stored. The decision to participate in the survey is entirely voluntary.

Do you agree to participate in this survey?

- Yes, start the survey (By clicking this option you are voluntarily agreeing to participate in this study. However, you may at any time withdraw your participation or answer only those questions that you want to answer.) (1)
- No, stop the survey (2)

Skip To: Q2 If Do you agree to participate in this survey? = Yes, start the survey (By clicking this option you are voluntarily agreeing to participate in this study. However, you may at any time withdraw your participation or answer only those questions that you want to answer.)

Skip To: End of Survey If Do you agree to participate in this survey? = No, stop the survey

Have you now or ever experienced mental health struggles or concerns?

- Yes (1)
- No (2)

Have you now or ever utilized mental health counseling resources?

- Yes (1)
- No (2)

CD-RISC-25 (25 questions listed in Appendix A)

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