The Pennsylvania State University

The Graduate School

DISTRESS AND THERAPEUTIC OUTCOMES FOR BLACK COLLEGE STUDENTS WITH PSYCHIATRIC DISABILITIES: EXAMINING DIFFERENCES IN RACE AND DISABILITY TYPE FOR TREATMENT-SEEKING STUDENTS

A Dissertation in

Counselor Education & Supervision

by

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Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Philosophy

August 2022

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ABSTRACT

Black college students with disabilities experience unique challenges in college which are exacerbated by the need to navigate systemic racism and ableism in higher education. Students with disabilities and Black students have been found to have increased levels of distress compared to their peers. However, regarding seeking support for distress, Black students are less likely to seek services, and students who do seek services are more likely to drop out or have poorer outcomes. The purpose of this research study was to examine the effectiveness of counseling on therapeutic outcomes of psychological and academic distress for treatment-seeking Black college students with psychiatric and non-psychiatric disabilities in college counseling centers.

Undergirded by QuantCrit and Pearlin's theory of psychological distress, this study measured outcomes of distress between Black and white students, between students with and without disabilities, and among students on the margins of both race/ethnicity and disability to understand the effectiveness of counseling for Black students with psychiatric and non-psychiatric disabilities. The sample consisted of Black and white college students who sought counseling services at colleges and universities between 2015-2019 at a Center for Collegiate Mental Health affiliate institution. These clients completed the CCMH Counseling Center Assessment of Psychological Symptoms (CCAPS) and the Standardized Data Set (SDS) measures.

Findings revealed that over the course of counseling, all clients experienced significant reductions in overall distress. Black clients experienced a faster reduction in symptoms compared to white clients, and Black clients with psychiatric disabilities indicated lower levels of psychological distress compared to white clients with psychiatric disabilities at the end of

treatment. Further differences among Black and white clients with and without disabilities for initial distress, rates of change over the course of counseling, and final distress are reported. Implications for theory, practice, and research are discussed.

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ACKNOWLEDGEMENTS

I would like to express my appreciation for those who have made this dissertation possible. First and foremost, I would like to thank my mom who has encouraged me throughout my entire life and my pursuit of graduate school. Thank you for your love and unwavering belief in me, I hope I have made you proud. My sisters, Kareal, Kayla, Kasia, Airianna, and Amiracle, for who I would not be the same person without. I would also like to express gratitude to the professors and mentors who have shaped my academic journey, without whom the completion of this dissertation would never have been possible. Next, I would like to thank my advisor, mentor, and committee chair, Dr. Amber O'Shea for her mentorship, support, and guidance with all stages of this dissertation and throughout my entire journey at Penn State. Thank you for taking me on as your advisee, thank you for working with me, and helping me to produce my best work in graduate school. To the rest of my committee, Dr. Allison Fleming, Dr. Damon Jones, Dr. Jeffrey Hayes, and Dr. Ashley Patterson, thank you for your guidance and spirited discussions of my work. This dissertation would not have reached this point without your support. I am also incredibly grateful to other current and former faculty of the Penn State Counselor Education program who have supported my development as a counselor, counselor educator, and researcher. Dr. Liza Conyers, Dr. Jolynn Carney, Dr. Julia Bryan, Dr. Katie Kostoryz, Dr. Diandre Prescod, Dr. Elizabeth Prosek, and Dr. Maria Vinca, thank you.

Thank you to my cohort – Diana, Chris, Fanghui, Yangyang, Hongshan, and Ashley – for your support, sporadic phone calls, and venting sessions. Thank you for the memories, growth, celebrations, and holding space where we can be authentic to ourselves throughout this wayward journey. I truly would not have made it here without all your support. I also want to thank my NBCC cohort – Zori, Reyna, Diana, Claudia, LaTisha, Adrianne, Pam, Warren, Kervins, Alice,

Jasmaine, Dhruvi, Brittany, Guy, Brook, Tobias, Giscard, and Judith – I am incredibly grateful for the love, care and support that has come from this group. I feel honored to be on this journey with you all.

I would also like to thank Angélica Galván, Taylor Bigelow, Jai Bishop, William Underwood IV, EmmaLe Davis, Connor Dizor, Sarah Amberson, Jude T. Austin II, Julius A. Austin, Hsiao-lin Ma, Stephanie Churrango, Unsa Memon, Yu-Lun Cheng, Winnie Liu, Mihee Woo, Paoyin Huang, Alisha Sundrani, Esha Sundrani, Luke Habib, Matthew Boudreaux, Patrick Bussiere, Cassandra Balzarini, Shane Guinan, Monique Hannon, Abbye McDonald, Zachary Williams, Britany Bolling, and Jonathan R. Brown, who all helped this project or supported my journey in one way or another. I would also like to thank NBCC, PEHTI, and AMCD. And finally, I would like to thank those I have lost throughout this journey. Mamaw Blue, Aunt Meka, Amiricle, and Princess Orbee. I miss you all so much and I will carry your love with me for the rest of my life.

CHAPTER 1: Introduction

The enrollment of students with disabilities in colleges and universities is rapidly increasing. In 1995, 6% of students reported having a disability compared to 11% of students in 2011. The National Center for Education Statistic's 2019 report shows students with disabilities now comprising almost 19.4% of college campuses (Snyder & Dillow, 2019); however, research has shown that these students have significantly more challenges in college than students without disabilities (Coduti et al., 2016; Fleming, et al., 2018). Of college students with disabilities, about 31% report a specific learning disability, 18% report ADD/ADHD, 15% percent of report psychological or psychiatric conditions, and 11% report health impairments/conditions (Raue & Lewis, 2011). A more recent study has identified college students with psychiatric disabilities as a group that makes up a larger portion of students with disabilities at 20% (Auerback et al., 2016).

In this study, the term "psychiatric disability" is defined as an emotional, mental, or behavioral condition resulting in serious functional impairment, which confines one or more major life activities (NIMH, 2016). A mental health condition is differentiated from a psychiatric disability by the impact of an individual's ability to cope with the normal demands of day-to-day life. A mental health condition becomes a psychiatric disability when an individual's ability to cope successfully is compromised. Psychiatric disabilities include a wide array of various psychiatric disorders, which include affective disorders, anxiety disorders, substance use disorders, personality disorders, and psychotic disorders.

As enrollment of college students with psychiatric disabilities is anticipated to increase, it is important to learn more about this student population, specifically students who hold multiple marginalized identities such as race and disability. Of college students with disabilities, 22.1%

are multiracial, 20.8% are white, 18.3% are Hispanic, 17.2% are Black, and 15.2% are Asian (Snyder & Dillow, 2019). Previous research has identified college students with psychiatric disabilities and racially/ethnically minoritized (REM) college students being two groups that drop out of college at higher rates (Breslau et al., 2008; Koch et al., 2014; McEwan & Downie, 2013; Shapiro et al., 2017; Wessel et al., 2009). Various studies have examined factors related to low persistence, retention, and graduation rates for both groups including individual and systemic factors (Adalf et al., 2005; Atkinson et al., 2009; Blacklock et al., 2003; Corrigan et al., 2016; Haas et al., 2008; Keefe & Fenton, 2007; Loewen, 1993; MacKean, 2011; Martin, 2010; Mowbray et al., 2001; Wexler & Bell, 2005); however, there is paucity of research centering students at the intersection of both identities and their overall experiences in college.

Counseling utilization in college counseling centers has been shown to be associated with decreased levels of dropout, whether early or later in students' college experience (Sharkin, 2004; Wilson et al., 1997). However, one study examined the impact of counseling utilization on retention for high-risk college students including first-generation students and students with low socioeconomic background (Bishop, 2016). They found that high-risk students who used counseling services were not retained at a higher rate than students who did not use counseling services, demonstrating potential disparities between students with different backgrounds. Further research indicates that REM individuals underutilize counseling services (Alegría et al., 2002; Chen et al., 2019; Kearney et al., 2005; Lipson et al., 2018; Maura & Weisman de Mamani, 2017; McMiller & Weisz, 1996; Miranda et al., 2015). Algería and colleagues (2002) found that African Americans and Hispanics had less access to mental health care compared to non-Hispanic white individual. Similarly, McMiller and Weisz (1996) found that African American and Hispanic families sought mental health services significantly less than white

families. Research suggests that this trend occurs in college populations as well (Kearney et al., 2005; Miranda et al., 2015; Nilsson et al., 2004; Yi et al., 2003). For example, one study found that White college students attend significantly more counseling sessions than Asian Americans, African Americans, or Hispanics (Kearney et al., 2005). A more recent study identified the same trend, and additionally found that REM college students endorsed greater fears than white students regarding what family and friends would think of them for seeking mental health services (Miranda et al., 2015).

Since REM populations face barriers to seeking mental health treatment, individuals from these groups may reach a greater threshold of distress compared to their peers before finally seeking help (Allen et al., 2016). For example, previous research showed that REM groups tend to have lower utilization rates compared to white groups when symptoms of distress were less severe, but increased use as symptom severity rises (Nestor et al., 2016). Similarly, some research shows that REM populations have greater presenting levels of both academic distress (Lockard et al., 2013) and psychological distress (Kearney et al., 2005).

Research shows similar trends for college students with disabilities. Varkula et al. (2017) reported a disproportionate rate of students with disabilities attending counseling services at 9.2%; however, there was not a statistically significant difference in the number of sessions attended in contrast to students without disabilities. Furthermore, compared to students without disabilities, students with disabilities report more anxiety and academic-related distress, as well as higher rates of suicidal ideation, suicide attempts, and non-suicidal self-injurious behaviors (Coduti et al., 2016; Honey et al., 2011). Additionally, students with psychiatric disabilities engage in more non-suicidal self-injurious behaviors, experience higher levels of suicidal ideation, and have more suicide attempts in contrast to students with other disability types.

Moreover, REM students and students with disabilities who engage in counseling services are more likely to dropout, self-terminate, or have poorer outcomes compared to their counterparts (Eack & Newhill, 2012; Fischer et al., 2008; Fontanella et al., 2014; Fortuna et al., 2010; Phillips et al., 2001; Varkula et al., 2017; Wang, 2007).

Despite the current literature on college students with disabilities and REM college students' utilization of services, there is scant research exploring the experiences of students who sit at the intersection of both groups and their counseling outcomes. There is also a lack of focus on specific racial groups and disability types. Black college students with psychiatric disabilities sit at the margins of both race and ability and endure the impact of systemic racism and ableism. Historically, Black communities in the United States have been pathologized since slavery which marked the ontological position of Black individuals, "dispossessed of human agency, desire, and freedom" (Dumas, 2016, p.13). Disability then becomes a racialized process as race also "signifies almost as a disability as it denies or regulates access to certain spaces" (Bolaki, 2011, p. 52). Black students with psychiatric and non-psychiatric disabilities now navigate a double marginality preventing them from access to resources, services, and humanity. One study that has examined the experiences of this population found that Black college students with disabilities have reported experiencing intersectional erasure as a necessary survival mechanism and feeling like they must downplay their disability status (Abes & Wallace, 2018).

This group of students present unique needs due to the intersection of their identities, and they present new challenges to college counselors, university faculty/staff, and administrators who are not familiar with the systemic challenges students must navigate. Research is warranted that considers the high degree of diversity within the disability population, and the ways in which racial and ethnic disparities operate within that population.

Conceptual Framework

The conceptual framework guiding this study incorporates Pearlin's theory of psychological distress and a critical quantitative (QuantCrit) lens to examine the influence of race/ethnicity and disability on distress for treatment-seeking college students.

Pearlin's Theory of Psychological Distress

The theory of psychological distress proposes that there are four elements that determine the path an individual will take in response to life changes and stressors. According to Holloway et al. (2008), the elements consist of:

1. individual characteristics (such as gender, race, intelligence, family background, personality, culture, and education),
2. the range of skills individuals have for coping with stress,
3. the availability of social support networks such as family, spouses, close relatives, and friends); and
4. the nature and time of stress that requires response (p. 107).

Pearlin suggests that the four elements are based on "individuals' change in response to similar external circumstances and stresses that affect their lives" (Holloway et al., 2008, p. 107). Specific external circumstances and stressors may consist of going to college, graduating from college, obtaining or losing a job, relationship challenges, financial hardships, and other life occurrences (Holloway et al., 2008). The response to these life changing events for college-aged students is critical in managing presenting issues, psychosocial stressors, and various experiences in college.

The theory of psychological distress acknowledges the role that identity, culture, and background can play in terms of life experiences and stressors that present in early adulthood

(Aneshensel & Pearlin, 1987; Pearlin 1983, 1993; Pearlin et al., 1981). It also emphasizes the role of identity in one's ability to cope and respond to stressors (Aneshensel & Pearlin, 1987; Pearlin 1983, 1993; Pearlin et al., 1981).

QuantCrit

Quantitative methods have come under scrutiny for the lack of researchers' ability to capture the nuances of individuals' lives using these methods (Gilborn et al., 2018). Many researchers who use quantitative methods aim to be objective and neutral when using the methods and reporting on the findings. However, Gilborn et al. (2018) point out that when it comes to examining race in education, there is not much that is neutral or objective about the way researchers analyze data, as statistics are socially constructed. QuantCrit builds off critical race theory (CRT), but it is not intended to be a subset of CRT such as LatCrit, TribalCrit, or DisCrit, and is instead used to inform their understanding of critically conceptualizing race while using quantitative methods. The five principles of QuantCrit can be summarized as (Gilborn et al., 2018, p. 169):

1. The centrality of racism
2. Numbers are not neutral
3. Categories are neither "natural' nor given: for 'race' read 'racism'
4. Voice and insight: data cannot 'speak for itself'
5. Using numbers for social justice

These theories were used in tandem with one another to guide this study as the conceptual framework. QuantCrit and the theory of psychological distress allow for a nuanced understanding of how various stressors impact counseling outcomes of multiply marginalized college students using quantitative data. The theory of psychological distress does not position

stressors as isolated events, but instead describes stressors as interconnected with identity and dependent on an individual's level of marginality. It also suggests that chronic stressors can lead to psychological distress. Analyzing data through a QuantCrit lens will allow me to apply the five principles in my interpretation of the data and provide nuance which may be missing from the quantitative data alone.

Purpose of the Study

Black college students with psychiatric and non-psychiatric disabilities experience unique challenges in college which are exacerbated by the need to navigate systemic racism and ableism in higher education. Students with disabilities and Black students have been found to have increased levels of distress compared to their peers. However, with regard to seeking support for distress, Black students are less likely to seek services, and students who do seek services are more likely to drop out or have poorer outcomes. The theory of psychological distress proposes that individual characteristics, social supports, and outlets for coping with stress determine students' response to external circumstances that affect their lives. Furthermore, research has shown that social support can be a protective factor for distress for Black students and students with disabilities. There is scant research exploring therapeutic outcomes for Black college students with psychiatric and non-psychiatric disabilities. Research is needed to examine differences between racial/ethnic and disability groups to understand how best to support Black students with disabilities seeking counseling services.

The purpose of this study was to examine the effectiveness of counseling on therapeutic outcomes of psychological and academic distress for treatment-seeking Black college students with psychiatric and non-psychiatric disabilities in college counseling centers. The following research questions were used to guide this study:

1. Do race, disability type, and their interaction predict the initial level of psychological distress, rate of change over the course of counseling, and the final level of psychological distress for treatment-seeking college students?
2. Do race, disability type, and their interaction predict the initial level of academic distress, rate of change over the course of counseling, and the final level of academic distress for treatment-seeking college students?
3. Does race and disability type moderate the relationship between social support and the initial level of psychological and academic distress among treatment-seeking college students?

In association with the research questions, the hypotheses are:

$H_{1.1}$: Black clients will present with a higher level of initial psychological distress compared to white clients.

$H_{1.2}$: Clients with non-psychiatric disabilities will present with similar levels of initial psychological distress compared to clients without disabilities.

$H_{1.3}$: Clients with psychiatric disabilities will present with a higher level of initial psychological distress than clients with non-psychiatric disabilities.

$H_{1.4}$: Black clients with non-psychiatric disabilities will present with a higher level of initial psychological distress than Black clients without disabilities and white clients with non-psychiatric disabilities.

$H_{1.5}$: Black clients with psychiatric disabilities will present with a higher level of initial psychological distress than Black clients with non-psychiatric disabilities and white clients with psychiatric disabilities.

$H_{1.6}$: Black clients' psychological distress symptoms will decrease at a faster rate than white clients.

$H_{1.7}$: Clients with non-psychiatric disabilities' psychological distress symptoms will decrease at a slower rate than clients without disabilities.

$H_{1.8}$: Clients with non-psychiatric disabilities' psychological distress symptoms will decrease at a similar rate than clients with psychiatric disabilities.

$H_{1.9}$: Black clients with non-psychiatric disabilities will experience a similar rate of reduction of psychological distress symptoms compared to Black clients without disabilities, but a faster reduction rate compared to white clients with non-psychiatric disabilities.

$H_{1.10}$: Black clients with psychiatric disabilities will experience a similar rate of reduction of psychological distress symptoms compared to Black clients with non-psychiatric disabilities, but a faster reduction rate compared to white clients with psychiatric disabilities.

$H_{1.11}$: Black clients will present with a lower level of final psychological distress compared to white clients.

$H_{1.12}$: Clients with non-psychiatric disabilities will present with a higher level of final psychological distress than clients without disabilities.

$H_{1.13}$: Clients with psychiatric disabilities will present with a higher level of final psychological distress than clients with non-psychiatric disabilities.

$H_{1.14}$: Black clients with non-psychiatric disabilities will indicate a higher level of final psychological distress compared to Black clients without disabilities and lower

levels of final psychological distress compared to white clients with non-psychiatric disabilities.

$H_{1.15}$: Black clients with psychiatric disabilities will indicate a higher level of final psychological distress compared to Black clients with non-psychiatric disabilities and lower levels of final psychological distress compared to white clients with psychiatric disabilities.

$H_{2.1}$: Black clients will present with a higher level of initial academic distress compared to white clients.

$H_{2.2}$: Clients with non-psychiatric disabilities will present with a higher level of initial academic distress than clients without disabilities.

$H_{2.3}$: Clients with psychiatric disabilities will present with a higher level of initial academic distress than clients with non-psychiatric disabilities.

$H_{2.4}$: Black clients with non-psychiatric disabilities will present with a higher level of initial academic distress than Black clients without disabilities and white clients with non-psychiatric disabilities.

$H_{2.5}$: Black clients with psychiatric disabilities will present with a higher level of initial academic distress than Black clients with non-psychiatric disabilities and white clients with psychiatric disabilities.

$H_{2.6}$: Black clients' academic distress symptoms will decrease at a faster rate than white clients.

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$H_{2.10}$: Black clients with psychiatric disabilities will experience a similar rate of reduction of academic distress symptoms compared to Black clients with non-psychiatric disabilities, but a faster reduction rate compared to white clients with psychiatric disabilities.

$H_{2.11}$: Black clients will present with a lower level of final academic distress compared to white clients.

$H_{2.12}$: Clients with non-psychiatric disabilities will present with a higher level of final academic distress than clients without disabilities.

$H_{2.13}$: Clients with psychiatric disabilities will present with a higher level of final academic distress than clients with non-psychiatric disabilities.

$H_{2.14}$: Black clients with non-psychiatric disabilities will indicate a higher level of final academic distress compared to Black clients without disabilities and lower levels of final academic distress compared to white clients with non-psychiatric disabilities.

$H_{2.15}$: Black clients with psychiatric disabilities will indicate a higher level of final academic distress compared to Black clients with non-psychiatric disabilities and

lower levels of final academic distress compared to white clients with psychiatric disabilities.

$H_{3.1}$: Black clients with the same level of social support as white clients will indicate a higher level of initial psychological and academic distress.

$H_{3.2}$: Clients with non-psychiatric disabilities with the same level of social support as clients without disabilities will indicate a higher level of initial psychological and academic distress.

$H_{3.3}$: Clients with psychiatric disabilities with the same level of social support as clients with non-psychiatric disabilities will indicate a higher level of initial psychological and academic distress.

CHAPTER 2: Literature Review

College Students with Disabilities

Psychiatric disabilities present unique challenges in comparison to other disability types due to the cyclic and ambiguous nature of the disabilities, which can make it difficult for those interested in identifying, treating, or studying psychiatric disabilities. The terms "serious/severe mental illness" and "psychiatric disorder" are often used interchangeably to describe individuals with specific types of mental health conditions. In this study, the term "psychiatric disability" is defined as an emotional, mental, or behavioral condition resulting in serious functional impairment, which confines one or more major life activities (NIMH, 2016). The difference between mental health condition and psychiatric disability is the impact of an individual's ability to cope with the normal demands of day-to-day life. A mental health condition becomes a disability when an individual's ability to cope successfully is compromised. Psychiatric disabilities include a wide array of various psychiatric disorders, which include affective disorders such as bipolar disorder or major depression; anxiety disorders such as obsessive/compulsive disorder, posttraumatic stress disorder, and panic disorder; autism spectrum disorders; substance use disorders; personality disorders; and psychotic disorders such as schizophrenia and schizoaffective disorder.

College students with psychiatric disabilities are less likely to graduate from college than their peers, despite their increasing enrollment (Koch et al., 2014; Breslau et al., 2008; McEwan & Downie, 2013; Wessel et al., 2009). Koch et al. (2014) examined the persistence rates of college students with psychiatric disabilities and found that 76.6% of students persisted from year 1 to year 2, the three-year persistence rate was 61%, and 54.7% of students persisted at the six-year mark. Hence, about 45% of students with psychiatric disabilities neither have graduated

nor are enrolled within six years of beginning college. The primary diagnoses of students with psychiatric disabilities that withdraw from college are depression, bipolar disorder, and posttraumatic stress disorder (NAMI, 2016). Koch et al. (2014) found a significant relationship between first-second year persistence and meeting with academic advisors and participation in fine arts activities, school clubs, and sports; however, over 50% of students with psychiatric disabilities reported that they never engaged in faculty informal meetings (60.8%), study groups (52.9%), school clubs (73.6%), school sports (81.6%), nor fine arts activities (65.0%). This issue highlights the importance of student engagement with faculty and activities outside of the classroom, while also bringing awareness to over half of students who do not engage in these opportunities.

Several studies have explored barriers to success that aim to identify causes for the low retention and persistence rates for college students with disabilities. Researchers have explored internal factors, which may include weak study skills and inconsistent knowledge; negative-self-perception; high anxiety; low executive control, working memory, verbal fluency, and mental speed; and the side effects of psychotropic medications (Adalf et al., 2005; Atkinson et al., 2009; Corrigan et al., 2016; Keefe & Fenton, 2007; Loewen, 1993; Mowbray et al., 2001; Wexler & Bell, 2005). Additionally, external and systemic factors include lack of transportation, financial and housing challenges, lack of coordination amongst service providers, misunderstanding by faculty and others, departmental and professional barriers, confidentiality, lack of information, and difficult access to support services (Atkinson et al., 2009; Blacklock et al., 2003; Corrigan et al., 2016; Haas et al., 2008; Loewan, 1993; MacKean, 2011; Martin, 2010; Mowbray et al., 2001).

Black College Students with Psychiatric Disabilities

Data from the Pew Research Center (2018) revealed that almost half (48%) of the individuals in the post-Millennial generation are racial or ethnic minorities. This percentage is increasing compared to past generations including Millennials in 2002 at 39%, Gen Xers in 1986 at 30%, and Early Boomers in 1968 at 18% (Pew Research Center, 2018). Furthermore, an increasing number of individuals are enrolling in college (Pew Research Center, 2018). Roughly 59% of post-Millennials in 2017 are enrolled in college which can be compared to the Millennials in 2002 at 53%, and the Gen Xers in 1986 at 44% (Pew Research Center, 2018). Data from the Pew Research Center (2018) and SAMSHA suggests that each year more students are enrolling in college, more of those students are Black, and more of those students are being diagnosed with psychiatric disabilities. This population is one that is often overlooked but will need support as they are transitioning into college and throughout their college experience due to having to navigate systemic challenges.

Black individuals have the same prevalence rate of psychiatric disabilities as white non-Hispanic individuals; however, adults who are African American (3.4%), American Indian/Alaska Native (11.8%), Hispanic/Latino/a/x (4.4%), and multiracial (9.4%) are more likely to have serious mental health problems than the general population due to their unmet needs and other barriers (CDC, 2016; Chen et al., 2019). Within the college context, Black students have similar prevalence rates as white students, however, they are less likely to seek mental health services than their peers (Chen et al., 2019; Lipson et al., 2018; Maura & Weisman de Mamani, 2017). These percentages are not inclusive of students who do not report their psychiatric diagnosis nor students who are not diagnosed.

Masuda et al., (2012) examined the relationship between stigma and attitudes toward seeking psychological services in Black college students and found that mental health stigma

predicts their use of mental health services. Furthermore, Black students are also more likely to endorse the mental health public stigma compared to white individuals (Masuda et al., 2012). Another factor that predicts help-seeking intentions is family norms (Barksdale & Molock, 2009). If family members hold a stigma or negative beliefs about mental health, then students are less likely to seek services (Barksdale & Molock, 2009). Thus, despite the efforts of colleges and universities in providing mental health interventions, REM students are still less likely to attend programs and seek those services.

Black students with psychiatric disabilities also navigate interpersonal and systemic racism and ableism for their racial and disability identities. Not only do Black individuals experience everyday discrimination, but they also experience lifetime discrimination which both influence their psychological well-being (Yoon et al., 2019). To navigate college as a student with multiple marginalized identities, Black college students with psychiatric disabilities must operate within multiple cultural groups, particularly for students attending predominately white institutions. Wei and colleagues (2011) explored the concept of bicultural competence referring to the capacity to "live effectively, and in a satisfying manner, within two groups without compromising one's sense of cultural identity" (LaFromboise et al., 1993, p. 404) as a potential coping resource for REM college students experiencing depression. They found that REM student stress was positively associated with depressive symptoms and that bicultural competence was negatively associated with depressive symptoms.

Furthermore, students who sit at the intersection of race and disability often resist intersectional erasure, or the erasure of certain aspects of their identity, by searching for spaces on campus and within themselves that affirm all parts of their identity (Abes & Wallace, 2018). As Peña et al. (2016) noted, "When it comes to disability, there is a tendency to isolate the

identity and oppression, and not fully problematize or understand the complexities of an intersectional lived experience" (p. 90). This sense of erasure can increase students' level of psychological and academic distress by having to "work harder, fight to be seen, and project a particular image because of these intersections" (Abes & Wallace, 2018, p. 559).

Therapeutic Outcomes among Black and White Students with Disabilities

Despite the increase in psychological distress among college students, there is a significant gap between the need for counseling and students' utilization of college counseling. An estimated 10% of students registered with disability services seek counseling (CCMH, 2020), while the prevalence rate of psychiatric disabilities among college students is approximately 20% (Auerback et al., 2016). For those who do not receive counseling, the outcomes can be dire: Of the 64% of students who drop out of college due to mental illness, half of them do not access campus counseling services (Crudo & Gruttadaro, 2011).

Mental health disparities among white and Black individuals are well known. For example, race is identified as one of the strongest predictors of a schizophrenia diagnosis (Barnes, 2004; Barnes, 2008; Choi et al., 2012; Delbello et al., 2001). Black individuals are four times more likely to be diagnosed with schizophrenia and Latinx/Hispanic individuals are more likely to be diagnosed with schizophrenia than white individuals (Barnes, 2008; Blow et al., 2004). Additionally, Black/African Americans are more likely to be psychiatrically hospitalized than any other REM group (Durbin et al., 2014; Rosenfield, 1984; Rost et al., 2011). Despite this disproportionality, white individuals diagnosed with psychiatric disabilities have a greater reduction in psychiatric symptoms after treatment than Black individuals (Chinman et al., 2000).

Black individuals are less likely to seek mental health services and case management services (Barrio et al., 2003; Chen et al., 2019; Lipson et al., 2018; Maura & Weisman de

Mamani, 2017), and those who do seek support are more likely to dropout or have poorer outcomes after treatment (Eack & Newhill, 2012; Fischer et al., 2008; Fontanella et al., 2014; Fortuna et al., 2010; Phillips et al., 2001; Wang, 2007). This issue is an example of why it is important to examine the effectiveness of counseling for Black students, which will allow for a better understanding of this disparity. Lockard et al. (2013) examined the impact of counseling on academic distress for REM students. Using the Counseling Center Assessment of Psychological Symptoms-34, they found that there were significant differences in academic distress at intake when comparing REM and white students. REM students had a higher level of academic distress at intake, however, they also experienced significantly less academic distress at the end of their counseling experience, showing that counseling had a positive effect on their distress (Lockard et al., 2013).

Of most college students that seek counseling services, about 10% are students with disabilities and about 31.7% of those students have psychiatric disabilities (Center for Collegiate Mental Health, 2020). For those in counseling and not in counseling, students with disabilities report more academic-related distress, higher levels of anxiety, and higher rates of suicide ideation, suicide attempts, and non-suicidal self-injury (Coduti et al., 2016). Students with disabilities have reported similar treatment concerns with students without disabilities, however, they have shown greater concerns in anxiety, depression, academic performance, self-harm, and obsessions/compulsions; accompanied by fewer concerns in relationship problems. ADHD, depression, stress, self-harm, academic performance, trauma or victimization, and social support from family and peers are shown to be significant predictors of academic distress for students with disabilities (Fleming et al., 2018).

Social Support

Studies have identified social support as a factor related to overall mental health, life satisfaction, academic success, and psychological and physical health outcomes for Black college students with disabilities (Baker, 2013; Bromley et al. 2020; Chronister et al., 2008; Jensen et al., 2014; Zea, 1996). Social support is viewed as a protective factor for mental health among Black college students (Mushonga & Henneberger, 2020); however, studies show that people with psychiatric and non-psychiatric disabilities have smaller social networks, lack community participation, and experience loneliness and isolation (Chronister et al., 2006, 2008, 2013, 2015). For individuals with multiple marginalized identities, experiencing ableist microaggressions within another identify-affirming community can also be related to greater depressive symptoms (Conover & Israel, 2019). However, Conover and Israel (2019) found that social support did not moderate the relationship between microaggressions and mental health.

Another study explored the role of social support for people with disabilities and found that social support can be a significant predictor of overall mental health (Honey et al., 2011). Furthermore, Townley and colleagues (2013) reported community support playing a unique role in predicting community integration and recovery for people with psychiatric disabilities. A more recent study sampled people with psychiatric disabilities in an inpatient unit and found that more two thirds of them reported low levels of social support (Mahmoud et al., 2017). Regarding social support for Black individuals, one study which centered Black women's well-being identified social support as predictive of depressive symptoms over time (Seawell et al., 2012). Nonetheless, there is limited research examining the role of social support for Black college students with psychiatric disabilities and its impact on therapeutic outcomes.

Conceptual Framework

Theory of Psychological Distress

Leonard Pearlin's theory of psychological distress suggests that individuals experience a lifetime of continuous change and that there are four elements that determine the path individuals will take and how they will handle stressors along the way. The first element is individual characteristics which include gender, race, intelligence, family background, culture, personality, and education. The second element involves the range of skills individuals have for coping with stress or change such as how well they work under stress and what skills they possess to deal with stress or pressure. The third element constitutes the availability of social support networks and the level of support and expectations which may go along with external support. And the final element is the nature and timing of stress that requires response.

The theory of psychological distress is critical to understanding early adulthood due to the large number of transitions, life stressors, transformative experiences that occur during this period of life. It is also critical to understanding Black students with psychiatric and non-psychiatric disabilities due to the hidden, cyclical nature of the disability and having to navigate oppressive structural systems in higher education. The theory of psychological distress was developed from years of Pearlin's research on stress in the context of race, gender, psychological and psychosocial influence, and socioeconomic status (Aneshensel & Pearlin, 1987; Pearlin, 1983; Pearlin et al., 1981). The theory of psychological distress will be used in this study to highlight presenting challenges of academic and psychological distress the role of race and social support in predicting therapeutic outcomes among Black students with psychiatric and non-psychiatric disabilities. This study will explore race/ethnicity, social support, psychological distress, and academic distress through the lens of the theory of psychological distress to provide supporting evidence of the distinction these factors have on Black college students with psychiatric and non-psychiatric disabilities.

QuantCrit

Quantitative methods have come under scrutiny for the lack of researchers' ability to capture the nuances of individuals' lives using these methods (Gilborn et al., 2018). Many researchers who use quantitative methods aim to be objective and neutral when using the methods and reporting on the findings. However, Gilborn et al. (2018) point out that when it comes to examining race in education, there is not much that is neutral or objective about the way researchers analyze the data, as statistics are socially constructed. QuantCrit builds off critical race theory (CRT), but it is not intended to be a subset of CRT such as LatCrit, TribalCrit, or DisCrit, and is instead used to inform their understanding of critically conceptualizing race while using quantitative methods. The five principles of QuantCrit can be summarized as (1) the centrality of racism, (2) numbers are not neutral, (3) categories are neither "natural' nor given: for 'race' read 'racism,' (4) voice and insight: data cannot 'speak for itself, ' and (5) using numbers for social justice.

The Centrality of Racism and Ableism. Central to QuantCrit is that racism is "a complex, fluid and changing characteristic of a society that is neither automatically nor obviously amenable to statistical inquiry" (Gilborn et al., 2018, p. 169). I extend this notion to frame the centrality of racism and ableism for Black college students with psychiatric disabilities seeking counseling services. Higher education systems represent "ideology—ontology circuits" (Artiles & Jacks, n.d.), in which students who do not conform to white-centered, neurotypical expectations for learning and behavior are understood to have an academic or behavioral deficit. This can lead to students who are multiply marginalized by race and ability to experience additional psychological distress. The centrality of racism and ableism will be considered throughout the interpretation of results and within the discussion and implications for the study.

Numbers are not Neutral. QuantCrit problematizes the assumption that numbers alone explain the full story and highlights the ways in which data is often gathered and analyzed ways that reflect the interests of white elites (Gilborn et al., 2018). QuantCrit "challenges the past and current ways in which quantitative research has served white supremacy e.g. by lending support to deficit theories without acknowledging alternative critical and radical interpretations; by removing racism from discussion by using tools, models, and techniques that fail to take account of racism as a central factor in daily life; and by lending supposedly 'objective' support to Eurocentric and White Supremacist ideas" (Gilborn et al., 2018, p. 170). This tenet of QuantCrit will be addressed by situating the numbers in conversation with qualitative work and providing context to systemic barriers that may influence the outcomes of the study.

Categories are not Natural or Static. QuantCrit recognizes that racial categories are socially constructed and are subject to political, historical, and economic influences (Gilborn et al., 2018). Disability categories are also socially constructed and have "a social etiology and pathologizing function" (Cruz et al., 2021, p. 4). Disability categories have shifted across decades in response to racially hegemonizing practices and are often contended with through the medical model of disability (Ahram et al., 2021; Sleeter, 2010). QuantCrit offers that "we must always remain sensitive for possibilities of 'categorical alignment' (Epstein 2007; Artiles, 2011) where complex, historically situated, and contested terms (like race and dis/ability) are normalized and mobilized as labeling, organizing, and controlling devices in research and measurement" (Gilborn et al., 2018, p. 171). This tenet of QuantCrit will be addressed through discussion of the limitations of the study.

Data Cannot Speak for Itself. QuantCrit assigns particular importance to the "experiential knowledge of people of color and other 'outsider' groups (including those

marginalized by assumptions around class, gender, sexuality, and dis/ability) and seeks to foreground their insights, knowledge, and understandings to inform research, analyses, and critique" (Gilborn et al., 2018, p. 173). To interpret data within the context of the lived experiences of students, I will aim to incorporate critical qualitative works within the discussion that speak directly to the results of the study.

The Use of Numbers for Social Justice. QuantCrit "rejects false and self-serving notions of statistical research as value-free and politically neutral" (Gilborn et al., 2018, p. 174). Research conducted through a QuantCrit lens should support social justice goals and commit to a socially and racially just praxis (Garcia et al., 2018). I will discuss implications and next steps for future research, practice, and theory with an intention of decentering whiteness within counseling and higher education and centering the need for culturally sustaining pedagogies and practices (Waitoller & King Thorius, 2016).

CHAPTER 3: Methodology

The purpose of this study was to examine the effectiveness of counseling on therapeutic outcomes of psychological and academic distress for treatment-seeking Black college students with psychiatric and non-psychiatric disabilities in college counseling centers. The following research questions were used to guide this study:

1. Do race, disability type, and their interaction predict the initial level of psychological distress, rate of change over the course of counseling, and the final level of psychological distress for treatment-seeking college students?
2. Do race, disability type, and their interaction predict the initial level of academic distress, rate of change over the course of counseling, and the final level of academic distress for treatment-seeking college students?
3. Does race and disability type moderate the relationship between social support and the initial level of psychological and academic distress among treatment-seeking college students?

Data for this study included information from clients seeking mental health services at various college counseling centers associated with the Center for Collegiate Mental Health (CCMH). CCMH is an international, collaborative practice-research network that combines clinical work, research, and technology to collect data through routine clinical practice from over 100 college and university counseling centers (CCMH, 2019). The collected anonymized data is used for feedback, clinical assessment, and scientific purposes (Hayes, Locke, et al., 2011). Each academic year, over 100 college and university counseling centers contribute data, which leads to gathering information on more than 200,000 college students seeking mental health treatment, over 4,000 clinicians, and over 1.5 million appointments.

Instruments/Measures/Variables

Standardized Data Set (SDS)

The SDS is a set of standardized data materials used by participating CCMH college counseling centers (CCMH, 2017). The SDS contains eight sections, including demographic questions and other items used to collect information related to treatment provided to students. The sections of the SDS include client information, provider information, case closure form, clinical index of client concerns, institution information, center information, and CCMH appointment categories.

Variables Measured.

Race/Ethnicity. Race was collected from the SDS. Clients were asked to indicate their race by selecting one of the following: African American/Black, American Indian or Alaskan Native, Asian American/Asian, Hispanic/Latino/a, Native Hawaiian or Pacific Islander, Multi-racial, White, or self-identify (CCMH, 2017). Clients indicating their race/ethnicity as African American/Black or white were included in the sample to analyze the research questions.

Disability type. Disability type was collected from the SDS. Clients were grouped into three categories: clients with psychiatric disabilities, non-psychiatric disabilities, and clients with no disability. Specifically, clients who selected "no" on the item "Are you registered with the office for disability services on this campus, as having a documented and diagnosed disability?" were placed in the "no disability" group. Clients who selected "yes" to this item and specified that they were diagnosed with a "psychological or psychiatric condition" were placed in the "psychiatric disability" group. And clients who selected "yes" to this item and selected any disability type other than "psychological or psychiatric condition" were placed in the "non-psychiatric disability" group.

Social support. Social support was measured by two questions on the SDS, including "Please indicate how much you agree with this statement: "I get the emotional help and support I need from my family"" and "Please indicate how much you agree with this statement: "I get the emotional help and support I need from my social network (e.g., friends & acquaintances)"" (CCMH, 2017, p. 8). Each item was measured on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). These two items were averaged for each client to create an overall social support variable. A higher number of social support indicated a higher level of perceived social support. Due to variation in clinic policies, not all clients indicated their level of social support; therefore, the inclusion of social support as a predictor is included in a separate model for each outcome to represent clients who responded to these items.

Counseling Center Assessment of Psychological Symptoms (CCAPS-62 and CCAPS-34)

CCMH utilizes two instruments to measure therapeutic outcomes and distress, including the CCAPS-62 and a shorter version, CCAPS-34. The CCAPS-62 was released in June 2009 and updated in 2012. It has 62 items with eight subscales related to psychological symptoms and distress in college students (Locke et al., 2011). The eight CCAPS-62 subscales are Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility, and Substance Use. The CCAPS-34 was also released by CCMH in September 2009 and updated in 2012. It is a shorter instrument with 34 items that incorporate seven subscales related to psychological symptoms and distress in college students and the Distress Index. All items of the CCAPS-34 are included in the CCAPS-62 under the same subscales. The CCAPS-34 does not have a Family Distress subscale, and the Substance Use subscale of the CCAPS-62 is renamed Alcohol Use in the CCAPS-34 because all subscale items refer to alcohol. The CCAPS-34 takes roughly 2-3 minutes to complete. Counselors can use it in many ways,

including a short assessment tool at any point during treatment or even as a repeated assessment tool for clients at each session. On the CCAPS-62 and CCAPS-34, clients answer questions on a five-point scale ranging from 0 (not at all) to 4 (extremely well). All the questions on the CCAPS-34 are reflected in the CCAPS-62; therefore, the CCAPS-62 scores will be transformed into CCAPS-34 scores to ensure reliable measuring across time points.

The CCAPS-62 has demonstrated good convergent validity with established measures of psychological symptoms (McAleavey et al., 2012) and retest reliability, factor structure, construct validity, and subscale reliabilities (Locke et al., 2011). Internal consistency coefficients for the eight subscales demonstrated to be a range from acceptable to very good with the lowest being Academic Distress ($\alpha = .781$) and the highest being Depression ($\alpha = .913$) (Locke et al., 2011). Test-retest reliability correlations measured with non-clinical samples between the CCAPS-62 subscale scores were significant ($p < .001$) with 1-week correlations ranging from $r = 0.782$ (Generalized Anxiety) to $r = 0.927$ (Depression) and 2-week correlations ranging from $r = 0.759$ (Academic Distress) to $r = 0.917$ (Depression) (Locke et al., 2011).

The CCAPS-34 has demonstrated good discrimination power, support for the factor structure, convergent validity, and test-retest reliability over 1-week and 2-week intervals. Test-retest reliability correlation coefficients were significant ($p < .01$) with 1-week test-retest group ranging from $r = 0.792$ (Alcohol Use) to $r = 0.866$ (Depression) and 2-week correlation coefficients ranging from $r = 0.742$ (Academic Distress) to $r = 0.864$ (Depression) (Locke et al., 2012). Furthermore, internal consistency coefficients demonstrated to be good ranging from $\alpha = 0.82$ (Generalized Anxiety, Social Anxiety, and Academic Distress) to $\alpha = 0.91$ (Distress *ndex) (CCMH, 2019).

Variables Measured.

Outcome Variables. The two outcome variables for this study included psychological distress and academic distress, and both outcome variables were measured with the CCAPS-34. It was anticipated that some clients would have different administration of scores reflected through the CCAPS-62 while others may have their scores reflected through the CCAPS-34 (Castonguay et al., 2011; Hayes, Locke, et al., 2011); therefore, all CCAPS-62 scores were transformed into CCAPS-34 scores to ensure reliable measuring across time points.

Academic distress was measured from the CCAPS-34 from four items on a five-point scale ranging from 0 (not at all) to 4 (extremely well). A few sample items from this subscale included (CCMH, 2019, p. 48): "I feel confident that I can succeed academically" and "I am not able to concentrate as well as usual."

Psychological distress was measured by the CCAPS distress index (DI), which is a measure of general psychological distress comprised of 20 CCAPS items across depression, generalized anxiety, social anxiety, hostility, and academic distress subscales. These items were measured on a five-point scale ranging from 0 (not at all) to 4 (extremely well). A few sample items from this subscale include (CCMH, 2019, p. 48): "I don't enjoy being around people as much as I used to," "I feel isolated and alone," "I have sleep difficulties," "I am not able to concentrate as well as usual," and "I am afraid I may lose control and act violently."

Additionally, both subscales have an elevated cut point, indicating that scores above that point correspond to high distress in that subscale. The elevated cut point for psychological and academic distress is set at the 70th percentile due to the lack of a related DSM-IV diagnosis. Only clients whose initial scores on the two outcomes met the elevated cut points were included in the sample. This was to ensure that clients with meaningful psychological and academic distress

were captured, indicating that the rate of change over the course of counseling was also meaningful.

Participants

Participants in the sample included clients who provided data from the Standardized Data Set (SDS) and the Counseling Center Assessment of Psychological Symptoms-62 and -34 (measures described below). The sample also included clients who indicated their race/ethnicity as African American/Black or white on the SDS and clients who selected a disability type. Furthermore, clients who did not provide their age were excluded from the sample due to not confirming their ability to consent via IRB protocol (18 years or older). Two subsamples were created, one with clients above the elevated cut point on the distress index to represent psychological distress and the other with clients above the elevated cut point on the academic distress subscale. These reduction steps resulted in two datasets for psychological and academic distress, respectively. Additionally, due to variation in clinic policies, not all clients indicated their level of social support; therefore, the inclusion of social support as a predictor is included in a separate model for each outcome to represent clients who responded to these items.

Psychological Distress Dataset Participants

The psychological distress dataset resulted in a total of 10,834 clients (9,685 white; 1,149 African American/Black). This sample comprised 22 college counseling centers. On average, clients were 21.69 years old (*SD* = 4.32). Clients attended an average of 5.34 sessions (*SD* = 4.02; range: 2-54) and had an average of 5.32 CCAPS administrations (*SD* =4.02; range: 2-54). Additional client demographics are shown in Table 1. As Table 2 reveals, clients registered with disabilities comprised 8.12% of the dataset, with attention-deficit disorder or attention-deficit/hyperactivity disorder and psychological or psychiatric conditions making up the largest

number of students with disabilities. Additionally, 1,701 clients indicated their level of social support in the psychological distress dataset.

Academic Distress Dataset Participants

The academic distress dataset resulted in a total of 10,813 clients (9,643 white; 1,170 African American/Black). This sample comprised 21 college counseling centers. On average, clients were 22.07 years old (*SD* = 4.43). Clients attended an average of 5.23 sessions (*SD* = 3.94; range: 2-54) and had an average of 5.21 CCAPS administrations (*SD* =3.95; range: 2-54). Additional client demographics are shown in Table 1. As Table 2 reveals, clients registered with disabilities comprised 8.44% of the dataset, with attention-deficit disorder or attention-deficit/hyperactivity disorder and psychological or psychiatric conditions making up the largest number of students with disabilities. Additionally, 1,732 clients indicated their level of social support in the academic distress dataset.

Table 1. Client Demographics

	Psychological Distress Dataset		*Academic Distress Dataset*	
Variable	*M*	*SD*	*M*	*SD*
Age (years)	21.96	4.32	22.07	4.43
Attended sessions	5.34	4.02	5.23	3.94
	N	***%***	***N***	***%***
Gender Identity (excluding missing responses – 36 for PD and AD)				
Woman	6950	64.15	6812	63.00
Man	3553	32.79	3686	34.09
Transgender	94	0.87	92	0.85
Self-identify	201	1.86	187	1.73
Race				
White	9685	89.39	9643	89.18
Black	1149	10.61	1170	10.82
Academic Status (excluding missing responses – 29 for PD & 27 for AD)				
Freshman/first year	2303	21.26	2209	20.43
Sophomore	2004	10.50	2013	18.62
Junior	2790	25.70	2775	25.66
Senior	2248	20.75	2283	21.11
Graduate	1319	12.17	1364	12.61
Other	141	1.30	142	1.31

Note. N_{PD} = 10,834. N_{AD} = 10,813. Self-identify = an option where participants could write how they self-identified when none of the other options applied.

Table 2. Client Disability Status

	Psychological Distress Dataset (N = 10, 834)		*Academic Distress Dataset* (N = 10,813)	
Registered Disability Status	*N*	%	*N*	%
No registered disability	9954	91.88	9901	91.57
Registered with non-psychiatric disability	714	6.59	751	6.95
Registered with psychiatric disability	166	1.53	161	1.49
Difficulty hearing	28	0.26	26	0.24
Difficulty seeing	38	0.35	38	0.35
Difficulty speaking or language impairment	14	0.13	15	0.14
Mobility limitation/orthopedic impairment	29	0.27	26	0.24
Traumatic brain injury	20	0.18	23	0.21
Specific learning disabilities	115	1.06	123	1.14
ADD or ADHD	371	3.42	400	3.70
Autism spectrum disorders	50	0.46	53	0.49
Cognitive difficulties or intellectual disability	34	0.31	33	0.31
Health impairment/condition, including chronic conditions	99	0.91	106	0.98
Psychological or psychiatric conditions	166	1.53	161	1.49
Other (open response)	86	0.79	86	0.80
Race x Disability				
White & No Disability	8886	82.02	8810	81.48
White & Non-Psychiatric Disability	641	0.06	679	0.06
White & Psychiatric Disability	158	0.01	154	0.01
Black & No Disability	1068	0.10	1091	0.10
Black & Non-Psychiatric Disability	73	0.01	72	0.01
Black & Psychiatric Disability	8	0.001	7	0.001

Note. ADD = attention-deficit disorder; ADHD = attention-deficit/hyperactivity disorder. The percentages of endorsed disability categories exceed 100% because the corresponding SDS items are a check-all-that-apply response.

Procedures

Data were requested from CCMH for the 2015-2019 academic years. Specific data included the SDS, CCAPS-34, and CCAPS-62. All schools included in the data obtained approval from their respective IRB offices. Data were analyzed using SAS 9.4 (SAS, 2013).

To address the research questions, the dataset included clients who indicated their race/ethnicity as African American/Black or white, selected whether they were registered with a disability, and had at least 2 CCAPS scores. The data was limited to include clients' initial course of counseling across the four years of data collection to maintain independent observations at the client level and prevent multiple courses of counseling for the same client from being included in the analyses. One course of counseling was defined as a group of appointments with no more than 90 days between appointments, indicating the end of one course of counseling and the start of a new course, which is an approach consistent with previous research analyzing longitudinal CCMH data (Hayes et al., 2016; Hayes et al., 2020; Lefevor et al., 2019; Minami et al., 2009). To analyze client symptoms at intake and their rate of change over the course of counseling, only clients who completed the first CCAPS administration within 14 days of their initial session and the last administration within 14 days of their final session were included. This prevented inaccurate rate of change scores and is consistent with previous research (Hayes et al., 2016; Xiao et al., 2017). Additionally, the dataset only included individual client counseling sessions.

Two subsamples were created, one with clients above the elevated cut point on the distress index to represent psychological distress and the other with clients above the elevated cut point on the academic distress subscale. These reduction steps resulted in 10,834 clients for the psychological distress dataset and 10,813 for the academic distress dataset.

Statistical Analysis

This study employed hierarchical linear modeling (HLM) to address the above research questions. The predictor variables included race/ethnicity, disability type, and social support, and the outcome variables were psychological distress and academic distress. I dichotomized

race/ethnicity into white and Black, coded as 0 and 1, respectively, to capture the differences in clients' experiences in these two racial groups. Disability type was also a categorical variable used to create two dummy-coded variables, with the reference group as clients registered with non-psychiatric disabilities. One dummy code compared the reference group to clients with no registered disabilities (noted as Disability1 in the models). The other dummy code compared the reference group to clients registered with psychological or psychiatric disabilities (noted as Disability2 in the models). Social support was a continuous variable that was combined from various SDS items previously discussed. Psychological distress and academic distress were continuous variables calculated from multiple items in the CCAPS-34 previously discussed. Neither outcome variable was standardized; therefore, regression coefficients correspond to raw expected changes.

I employed HLM to evaluate the impact of race/ethnicity, disability type, and social support on initial levels of psychological and academic distress, rates of change over the course of counseling, and final levels of psychological and academic distress. HLM allowed me to evaluate changes in symptoms while also accounting for nested sessions within clients. It also allowed me to account for differences in the frequency of administration of CCAPS across clients. Policies on the frequency of CCAPS administration varied by center, explaining missing CCAPS scores and not due to client characteristics or dependent variables. HLM accounts for such unbalanced data that are missing at random, and maximum likelihood estimation methods were used to provide valid inference under these conditions (Tseng et al., 2016).

Four models were developed to represent initial levels of psychological and academic distress and rates of change. A separate moderation analysis was created to measure the effect of social support on initial psychological and academic distress. And a final model was created to

represent final levels of psychological and academic distress. The number of clients who responded to the SDS items indicating their level of social support was significantly lower than the number of overall clients in the dataset. Therefore, social support was analyzed separately to maximize the number of clients eligible for the four models for initial distress and rates of change and the model for final distress. Thus, the four models for initial distress and rates of change and the models for final level of distress represent 10,834 and 10,813 for psychological and academic distress, respectively. While the analysis predicting social support for initial distress represent 1,701 and 1,732 clients for psychological and academic distress, respectively.

The models included two levels: psychological or academic distress over time (level 1) within clients (level 2). At the session level (level 1), psychological or academic distress was modeled as a function of session number. The intercept in the model can be interpreted as the clients' baseline level of psychological or academic distress. At the client level (level 2), clients' race/ethnicity, disability type, their interaction, and level of social support were modeled as predictors of clients' initial or final level of psychological or academic distress (intercept) and the rate of change (slope). Interaction terms for race/ethnicity and disability type and session were included to assess for differences in improvement in psychological and academic distress across groups. Random effects of intercept and session number were included at the client level. Random effects allowed for differences in baseline and rates of change of psychological or academic distress across clients, as well as for the calculation of the percentage of variance accounted for by clients and the associated client-level predictors (Singer & Willett, 2003). Model assumptions (e.g., homogeneity and normality of residuals) were upheld via diagnostic testing.

Psychological Distress

Initial Psychological Distress and Rates of Change. As discussed above, the level of initial distress and rates of change in psychological distress were represented in four models. Model one was an unconditional means model or null model and did not include any predictors. The intercept in this model indicates the mean psychological distress score for all clients. I also included random intercepts at the client level to allow each client to have unique deviation from the average psychological distress score in addition to residual variance. The intraclass correlations for the variance accounted for by clients for the null model is reported in Chapter 4 to indicate the percentage of differences between clients that account for variance in psychological distress scores.

Model two was an unconditional growth model, modeling psychological distress scores as a function of session number without predictors of either clients' baseline psychological distress scores or the rate of change in psychological distress scores. A negative coefficient for session number indicates that on average, clients' psychological distress scores decreased with each additional session, demonstrating improvement. I also included a random effect of session number to allow clients to vary uniquely around the average change.

Model three showed the effect of race/ethnicity, disability type, and their interaction on initial psychological distress. It also shows the effect of race/ethnicity and disability type on rates of change of psychological distress scores. Model 4 included all the variables from model three with an addition of a three-way-interaction to represent race/ethnicity X disability type X session (over time). This reflected whether the intersection of race/ethnicity and disability type had an effect on the rates of change of psychological distress scores.

Social Support and Initial Psychological Distress. A separate model was created to examine the effect of social support on initial distress. This model included all the variables from

model three, as model three was the model with the best fit (further discussed in chapter 4), with the addition of social support, an interaction between race and social support, and an interaction between disability type and social support as predictors for initial levels of psychological distress. This model only included the 1,701 clients who indicated their level of support on the SDS.

Final Psychological Distress. Analyzing the final level of distress in psychological distress was represented in one model. The model showed the effect of race/ethnicity, disability type, and their interaction on final levels of psychological distress. The first model reflected the full dataset (N = 10,834).

Academic Distress

Initial Academic Distress and Rates of Change. As discussed above, the level of initial distress and rates of change in academic distress were represented in four models. Model one was an unconditional means model or null model and did not include any predictors. The intercept in this model indicates the mean academic distress score for all clients. I also included random intercepts at the client level to allow each client to have unique deviation from the average academic distress score in addition to residual variance. The intraclass correlations for the variance accounted for by clients for the null model is reported in Chapter 4 to indicate the percentage of differences between clients that account for variance in academic distress scores.

Model two is an unconditional growth model, modeling academic distress scores as a function of session number without predictors of either clients' baseline academic distress scores or the rate of change in academic distress scores. A negative coefficient for session number indicates that on average, clients' academic distress scores decreased with each additional

session, demonstrating improvement. I also included a random effect of session number to allow clients to vary uniquely around the average change.

Model three showed the effect of race/ethnicity, disability type, and their interaction on initial academic distress. It also showed the effect of race/ethnicity and disability type on rates of change of academic distress scores. Model 4 included all the variables from model three with an addition of a three-way-interaction to represent race/ethnicity X disability type X session (over time). This reflected whether the intersection of race/ethnicity and disability type had an effect on the rates of change of academic distress scores.

Social Support and Initial Academic Distress. A separate model was created to examine the effect of social support on initial distress. This model included all the variables from model three, as model three was the model with the best fit (further discussed in chapter 4), with the addition of social support, an interaction between race and social support, and an interaction between disability type and social support as predictors for initial levels of academic distress. This model only included the 1,732 clients who indicated their level of support on the SDS.

Final Academic Distress. Analyzing the level of final distress in academic distress was represented in one model. The model showed the effect of race/ethnicity, disability type, and their interaction on final levels of academic distress. The first model reflected the full dataset (N = 10,834).

Positionality Statement

One of the central principles of QuantCrit is that voice and insight are necessary when interpreting quantitative data because data cannot speak for itself (Gilborn et al., 2018). Through the lens of QuantCrit, the researcher is not divorced from the interpretation of the results and has an active role in deciding what literature is being chosen to explain or expand what the

quantitative results offer. As the researcher of this study, I hold multiple marginalized identities and navigate intersecting oppressions as a counselor and counselor educator which position me to interpret the results of this study with an understanding of how systemic oppression operates and how it may operate in a therapeutic space. To that end, I was intentional with considering the ways that racism and ableism may show up in the instruments used to collect the data in this study and how racism and ableism inform the results.

CHAPTER 4: Results

The purpose of this study was to examine the effectiveness of counseling on therapeutic outcomes of psychological distress and academic distress for treatment-seeking Black college students with psychiatric and non-psychiatric disabilities in college counseling centers. The following research questions were used to guide this study:

1. Do race, disability type, and their interaction predict the initial level of psychological distress, rate of change over the course of counseling, and the final level of psychological distress for treatment-seeking college students?
2. Do race, disability type, and their interaction predict the initial level of academic distress, rate of change over the course of counseling, and the final level of academic distress for treatment-seeking college students?
3. Does race and disability type moderate the relationship between social support and the initial level of psychological and academic distress among treatment-seeking college students?

In association with the research questions, the hypotheses are:

$H_{1.1}$: Black clients will present with a higher level of initial psychological distress compared to white clients.

$H_{1.2}$: Clients with non-psychiatric disabilities will present with similar levels of initial psychological distress compared to clients without disabilities.

$H_{1.3}$: Clients with psychiatric disabilities will present with a higher level of initial psychological distress than clients with non-psychiatric disabilities.

$H_{1.4}$: Black clients with non-psychiatric disabilities will present with a higher level of initial psychological distress than Black clients without disabilities and white clients with non-psychiatric disabilities.

$H_{1.5}$: Black clients with psychiatric disabilities will present with a higher level of initial psychological distress than Black clients with non-psychiatric disabilities and white clients with psychiatric disabilities.

$H_{1.6}$: Black clients' psychological distress symptoms will decrease at a faster rate than white clients.

$H_{1.7}$: Clients with non-psychiatric disabilities' psychological distress symptoms will decrease at a slower rate than clients without disabilities.

$H_{1.8}$: Clients with non-psychiatric disabilities' psychological distress symptoms will decrease at a similar rate than clients with psychiatric disabilities.

$H_{1.9}$: Black clients with non-psychiatric disabilities will experience a similar rate of reduction of psychological distress symptoms compared to Black clients without disabilities, but a faster reduction rate compared to white clients with non-psychiatric disabilities.

$H_{1.10}$: Black clients with psychiatric disabilities will experience a similar rate of reduction of psychological distress symptoms compared to Black clients with non-psychiatric disabilities, but a faster reduction rate compared to white clients with psychiatric disabilities.

$H_{1.11}$: Black clients will present with a lower level of final psychological distress compared to white clients.

$H_{1.12}$: Clients with non-psychiatric disabilities will present with a higher level of final psychological distress than clients without disabilities.

$H_{1.13}$: Clients with psychiatric disabilities will present with a higher level of final psychological distress than clients with non-psychiatric disabilities.

$H_{1.14}$: Black clients with non-psychiatric disabilities will indicate a higher level of final psychological distress compared to Black clients without disabilities and lower levels of final psychological distress compared to white clients with non-psychiatric disabilities.

$H_{1.15}$: Black clients with psychiatric disabilities will indicate a higher level of final psychological distress compared to Black clients with non-psychiatric disabilities and lower levels of final psychological distress compared to white clients with psychiatric disabilities.

$H_{2.1}$: Black clients will present with a higher level of initial academic distress compared to white clients.

$H_{2.2}$: Clients with non-psychiatric disabilities will present with a higher level of initial academic distress than clients without disabilities.

$H_{2.3}$: Clients with psychiatric disabilities will present with a higher level of initial academic distress than clients with non-psychiatric disabilities.

$H_{2.4}$: Black clients with non-psychiatric disabilities will present with a higher level of initial academic distress than Black clients without disabilities and white clients with non-psychiatric disabilities.

$H_{2.5}$: Black clients with psychiatric disabilities will present with a higher level of initial academic distress than Black clients with non-psychiatric disabilities and white clients with psychiatric disabilities.

$H_{2.6}$: Black clients' academic distress symptoms will decrease at a faster rate than white clients.

$H_{2.7}$: Clients with non-psychiatric disabilities' academic distress symptoms will decrease at a slower rate than clients without disabilities.

$H_{2.8}$: Clients with non-psychiatric disabilities' academic distress symptoms will decrease at a similar rate than clients with psychiatric disabilities.

$H_{2.9}$: Black clients with non-psychiatric disabilities will experience a similar rate of reduction of academic distress symptoms compared to Black clients without disabilities, but a faster reduction rate compared to white clients with non-psychiatric disabilities.

$H_{2.10}$: Black clients with psychiatric disabilities will experience a similar rate of reduction of academic distress symptoms compared to Black clients with non-psychiatric disabilities, but a faster reduction rate compared to white clients with psychiatric disabilities.

$H_{2.11}$: Black clients will present with a lower level of final academic distress compared to white clients.

$H_{2.12}$: Clients with non-psychiatric disabilities will present with a higher level of final academic distress than clients without disabilities.

$H_{2.13}$: Clients with psychiatric disabilities will present with a higher level of final academic distress than clients with non-psychiatric disabilities.

$H_{2.14}$: Black clients with non-psychiatric disabilities will indicate a higher level of final academic distress compared to Black clients without disabilities and lower levels of final academic distress compared to white clients with non-psychiatric disabilities.

$H_{2.15}$: Black clients with psychiatric disabilities will indicate a higher level of final academic distress compared to Black clients with non-psychiatric disabilities and lower levels of final academic distress compared to white clients with psychiatric disabilities.

$H_{3.1}$: Black clients with the same level of social support as white clients will indicate a higher level of initial psychological and academic distress.

$H_{3.2}$: Clients with non-psychiatric disabilities with the same level of social support as clients without disabilities will indicate a higher level of initial psychological and academic distress.

$H_{3.3}$: Clients with psychiatric disabilities with the same level of social support as clients with non-psychiatric disabilities will indicate a higher level of initial psychological and academic distress.

Preliminary Analyses

I first examined the average number of sessions across racial/ethnic and disability identities. In the psychological distress dataset, white clients (M = 5.35, SD = 4.01) attended a similar number of sessions than Black clients (M = 5.25, SD = 4.11), $t(10832) = 0.76$, $p = .45$. Clients without disabilities (M = 5.37, SD = 4.03) attended significantly more sessions than clients with non-psychiatric disabilities (M = 5.00, SD = 3.86), $t(10666) = -2.38$, $p < .05$. And

clients with non-psychiatric disabilities attended a similar number of sessions than clients with psychiatric disabilities (M = 4.67, SD = 4.18), $t(878) = 0.97$, $p = .33$.

In the academic distress dataset, white clients (M = 5.24, SD = 3.93) attended a similar number of sessions than Black clients (M = 5.13, SD = 4.03), $t(10811) = 0.91$, $p = .36$. Clients without disabilities (M = 5.26, SD = 3.96) attended significantly more sessions than clients with non-psychiatric disabilities (M = 4.96, SD = 3.79), $t(10650) = -2.05$, $p < .05$. And clients with non-psychiatric disabilities attended a similar number of sessions that clients with psychiatric disabilities (M = 4.39, SD = 3.74), $t(910) = 1.76$, $p = .08$.

For both psychological and academic distress outcome variables, the intraclass correlations (ICCs) were derived by conducting a random intercepts-only model in which the grouping variable (i.e., clients) were the only predictors. The intraclass correlations for the variance accounted for by clients in the null model for psychological distress was 58.9%, indicating that differences between clients accounted for 58.9% of variance in psychological distress scores. The intraclass correlations for the variance accounted for by clients in the null model for academic distress was 58.1%, indicating that differences between clients accounted for 58.1% for the variance in academic distress scores.

Psychological Distress

Initial Psychological Distress and Rates of Change

Using the psychological distress dataset that was comprised of clients above the elevated cut point on psychological distress, I tested the effects of race/ethnicity, disability type, and their interaction on initial levels of psychological distress and the rates of change in psychological distress during treatment. Parameter estimates, null-hypothesis significance tests, and fit statistics are presented in Table 3. Model 1 was an intercepts-only model with random intercepts at the

client level to allow each client to have unique deviation from the average psychological distress score in addition to residual variance. Model 2 was an unconditional growth model, modeling psychological distress scores as a function of session number. The negative coefficient for session number indicates that on average, clients' depression scores decreased with each additional session, showing improvement. Model three included the addition of race/ethnicity, disability type, their interaction, and the interaction of time with race/ethnicity and disability which significantly improved the model fit, $\chi^2(8) = 53.30$, $p < .001$, and were consequently retained in the final model. The addition of the three-way interaction in the fourth model did not improve the model fit, $\chi^2(2) = 0.10$, $p = .95$, therefore, the third model demonstrates the best overall model for predicting psychological distress among clients.

Over the course of counseling, all clients experienced significant reductions in overall psychological distress, $\beta = -0.14$, $t(47{,}000) = -20.41$, $p < .001$. Thus, clients, regardless of racial/ethnic or disability status would be expected to experience an average reduction of .14 on psychological distress over the course of treatment. For initial levels of psychological distress, Black clients presented to treatment endorsing similar levels of psychological distress as white clients, $t = 0.56$, $p = 0.58$; $M_{Black} = 2.18$, $M_{White} = 2.19$ ($H_{1.1}$). However, Black clients demonstrated significantly accelerated rates of change compared to white clients, $t = -3.57$, $p < .01$ ($H_{1.6}$). Clients without disabilities presented with similar levels of psychological distress as clients with non-psychiatric disabilities $t = 0.29$, $p = 0.77$; $M_{No\_Disability} = 2.18$, $M_{Non\text{-}Psych\_Disability} = 2.17$ ($H_{1.2}$), and these groups did not significantly differ in their rate of change, $t = -1.20$, $p = .23$ ($H_{1.7}$). Clients with psychiatric disabilities presented with a significantly higher level of psychological distress than clients with non-psychiatric disabilities, $t = 4.47$, $p < .001$, $M_{Psyc\_Disability} = 2.39$ ($H_{1.3}$), however, these groups did not significantly differ in their rate of

change over time, $t = 0.18$, $p = 0.86$ ($H_{1.8}$). Additionally, the interaction between race/ethnicity and disability type did not significantly predict initial psychological distress for race/ethnicity and no disability vs. non-psychiatric disability, $t = -1.13$, $p = 0.26$ ($H_{1.4}$), nor for race/ethnicity and psychiatric disability vs. non-psychiatric disability, $t = 1.75$, $p = 0.08$ ($H_{1.5}$). Model four includes a three-way interaction between race/ethnicity and no disability vs. non-psychiatric disability over time which was not significant, $t = -0.25$, $p = 0.80$ ($H_{1.9}$). And another three-way interaction between race/ethnicity and psychiatric disability vs. non-psychiatric disability, which was also not significant, $t = -0.39$, $p = 0.70$ ($H_{1.10}$).

Table 3. Results of the Four Hierarchical Linear Models Predicting Initial Psychological Distress and Rate of Change

	Parameter estimates (SE)			
	Model 1	Model 2	Model 3	Model 4
		Fixed effects		
Intercept	1.83 (0.006)***	2.09 (0.006)***	2.09 (0.023)***	2.09 (0.023)***
Time		-0.15 (0.002)***	-0.14 (0.007)***	-0.14 (0.007)***
Race			0.04 (0.07)	0.03 (0.072)
Disability1			0.01 (0.024)	0.01 (0.024)***
Disability2			0.23 (0.051)***	0.23 (0.052)
Race X Disability1			-0.08 (0.072)	-0.08 (0.075)
Race X Disability2			-0.37 (0.214)	-0.35 (0.22)
Time X Race			-0.02 (0.005)**	-0.01 (0.023)
Time X Disability1			-0.01 (0.007)	-0.01 (0.007)
Time X Disability2			0.00 (0.016)	0.00 (0.017)
Time X Race X Disability1				-0.01 (0.024)
Time X Race X Disability2				-0.02 (0.064)
		Random effects		
Residual	0.215***	0.113***	0.113***	0.113***
Level 1 – Intercept	0.297***	0.272***	0.271***	0.271***
Level 1 - Time		0.012***	0.012***	0.012***
Goodness of fit				
-2LL	95892.7	74105.5	74052.2	74052.1

AIC	95898.7	74117.5	74080.2	74084.1

Note. N_{PD} = 10,834. Disability1 = Non-Psychiatric Disability vs. No Disability; Disability2 = Non-Psychiatric Disability vs. Psychiatric Disability; Race: Black =1, White=0; -2LL = log-likelihood ratio; AIC = Akaike Information Criterion. Model 1 is an unconditional means model. Model 2 is an unconditional growth model. Model 3 adds the effect of racial/ethnic identity and disability identity and their interaction on predicting initial psychological distress, along with the effect of an interaction between time (session #) and racial/ethnic and disability identity on predicting the rate of change. Model 4 adds the effect of a three-way interaction between time (session #), racial/ethnic identity, and disability identity on predicting the rate of change.
*p < .05. **p < .01. ***p < .001.

Social Support and Initial Psychological Distress

To measure the effect of social support on initial levels of psychological distress, I created a model that includes the main effects for social support, an interaction between social support and race/ethnicity, an interaction between social support and non-psychiatric disability vs. no registered disability, and an interaction between social support and non-psychiatric disability vs. psychiatric disability. Parameter estimates, null-hypothesis significance tests, and random effects are presented in Table 4. Social support significantly predicted the initial level of psychological distress across all clients, reflecting clients with higher levels of social support having lower levels of initial psychological distress, t = -3.83, p < .01. Social support did not significantly differ by race (t = 1.14, p = .25, M_{Black} = 3.14, M_{White} = 3.53 ($H_{3.1}$)) or disability type (non-psychiatric disability vs. no registered disability: t = 1.51, p = .13, $M_{Non\text{-}Psych\_Disability}$ = 3.45, $M_{No\_Disability}$ = 3.51 ($H_{3.2}$); non-psychiatric disability vs. psychiatric disability: t = -1.75, p = .08, $M_{Psych\_Disability}$ = 3.36 ($H_{3.3}$)) in predicting initial levels of distress.

Table 4. Results of the Hierarchical Linear Model Predicting the Effect of Social Support on Initial Psychological Distress

Parameter estimates (SE)	
	Model
Fixed effects	
Intercept	2.80 (0.21)***
Time	-0.13 (0.003)***
Race	-0.24 (0.183)
Disability1	-0.30 (0.207)

Disability2	0.77 (0.379)*
Social Support	-0.21 (0.056)**
Race X Social Support	0.06 (0.055)
Disability1 X Social Support	0.09 (0.057)
Disability2 X Social Support	-0.19 (0.107)
Random effects	
Residual	0.102***
Level 1 – Intercept	0.251***
Level 1 - Time	0.009***

Note. $N_{\text{PD.Social Support}}$ = 1,701. Disability1 = Non-Psychiatric Disability vs. No Disability; Disability2 = Non-Psychiatric Disability vs. Psychiatric Disability; Race: Black =1, White=0. *p < .05. **p < .01. ***p < .001.

Final Psychological Distress

To examine levels of final psychological distress, the session (time) variable was recoded and centered on clients last session. I created one model that included predictors of race/ethnicity, non-psychiatric disability vs. no registered disability, non-psychiatric disability vs. psychiatric disability, an interaction of race/ethnicity and non-psychiatric disability vs. no registered disability, and an interaction of race/ethnicity and non-psychiatric disability vs. psychiatric disability. Parameter estimates, null-hypothesis significance tests, and random effects are presented in Table 5. Black and white clients did not significantly differ in their final levels of psychological distress, $t = 0.78$, $p = .44$, $M_{\text{Black}} = 1.48$, $M_{\text{White}} = 1.56$ ($H_{1.11}$). Clients without disabilities did not significantly differ from clients with non-psychiatric disabilities, $t = -1.39$, $p = .16$, $M_{\text{No\_Disability}} = 1.54$, $M_{\text{Non-Psyc\_Disability}} = 1.61$ ($H_{1.12}$). Clients with psychiatric disabilities demonstrated significantly higher final levels of psychological distress than clients with non-psychiatric disabilities $t = 5.16$, $p < .001$, $M_{\text{Psyc\_Disability}} = 1.89$ ($H_{1.13}$). Additionally, there was not a significant interaction between race/ethnicity and clients with non-psychiatric disability vs. no registered disability, $t = -1.26$, $p = .21$ ($H_{1.14}$). However, there is a significant interaction between race/ethnicity and clients with non-psychiatric disabilities vs. psychiatric disabilities in final levels of psychological distress, $t = -2.22$, $p < .05$ ($H_{1.15}$). To follow up on this significant

interaction, I ran an independent samples t-test to understand differences in final psychological distress scores by each racial/ethnic group and disability type. As shown in Table 6, among Black clients, disability type did not influence final levels of psychological distress; however, among white clients, clients with psychiatric disabilities ended treatment with a significantly higher levels of psychological distress than clients with non-psychiatric disabilities, $t = -4.66$, $p < .001$. Furthermore, among clients with psychiatric disabilities and among clients without disabilities, Black clients reported significantly lower final levels of psychological distress compared to white clients, $t = 2.08$, $p < .05$ and $t = 3.36$, $p < .01$, respectively (see Table 7).

Table 5. Results of the Hierarchical Linear Model Predicting Final Psychological Distress

	Parameter estimates (SE)
	Model
Fixed effects	
Intercept	1.63 (0.026)***
Time (Final)	-0.12 (0.001)***
Race	0.06 (0.083)
Disability1	-0.04 (0.027)
Disability2	0.31 (0.059)***
Race X Disability1	-0.11 (0.085)
Race X Disability2	-0.56 (0.252)*
Random effects	
Residual	0.116***
Level 1 – Intercept	0.481***
Level 1 - Time	0.010***

Note. Disability1 = Non-Psychiatric Disability vs. No Disability; Disability2 = Non-Psychiatric Disability vs. Psychiatric Disability; Race: Black =1, White=0. This model examines an effect of racial identity, disability identity, and their interaction on predicting final psychological distress. *p < .05. **p < .01. ***p < .001.

Table 6. Follow-Up T-test Results of Final Psychological Distress Scores by Racial/Ethnic Group

	Black Clients (N = 1,149)						White Clients (N = 9,685)					
	No Registered Disability		Non-Psychiatric Disability		Psychiatric Disability		No Registered Disability		Non-Psychiatric Disability		Psychiatric Disability	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Psychological Distress	1.47	0.78	1.65	0.81	1.31	0.61	1.55	0.74	1.60	0.75	1.92***	0.83

Note. Groups are significant compared to the reference group, non-psychiatric disability.

*p < .05. **p < .01. ***p < .001.

Table 7. Follow-Up T-test Results of Final Psychological Distress Scores by Disability Group

	Clients w/Psychiatric Disabilities (*N* = 166)				Clients w/Non-Psychiatric Disabilities (*N* = 714)				Clients without Disabilities (*N* = 9,954)			
	White		Black		White		Black		White		Black	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Psychological Distress	1.99	0.83	1.31*	0.61	1.60	0.75	1.65	0.81	1.55	0.74	1.47**	0.78

Note. *p < .05. **p < .01. ***p < .001.

Academic Distress

Initial Academic Distress and Rates of Change

Using the academic distress dataset that was comprised of clients above the elevated cut point on academic distress, I tested the effects of race/ethnicity, disability type, and their interaction on initial levels of academic distress and the rates of change in academic distress during treatment. Parameter estimates, null-hypothesis significance tests, and fit statistics are presented in Table 8. Model 1 was an intercepts-only model with random intercepts at the client level to allow each client to have unique deviation from the average academic distress score in addition to residual variance. Model 2 was an unconditional growth model, modeling academic distress scores as a function of session number. The negative coefficient for session number indicates that on average, clients' academic scores decreased with each additional session, showing improvement. Model three included the addition of race/ethnicity, disability type, their interaction, and the interaction of time with race/ethnicity and disability which significantly improved the model fit, $\chi^2(8) = 39.30$, $p < .001$, and were consequently retained in the final model. The addition of the three-way interaction in the fourth model did not improve the model fit, $\chi^2(2) = 0.10$, $p = .64$, therefore, the third model demonstrates the best overall model for predicting academic distress among clients.

Over the course of counseling, all clients experienced significant reductions in overall academic distress, β = -0.10, $t(43{,}000) = -11.99$, $p < .001$. Thus, clients, regardless of racial/ethnic or disability status would be expected to experience an average reduction of .10 on academic distress over the course of treatment. For initial levels of academic distress, Black clients presented to treatment endorsing similar levels of academic distress as white clients, $t = 1.16$, $p = 0.25$, $M_{Black} = 2.51$, $M_{White} = 2.42$ ($H_{2.1}$). However, Black students demonstrated significantly accelerated rates of change in academic distress scores over time compared to white students, $t = -2.89$, $p < .01$ ($H_{2.6}$). Clients with non-psychiatric disabilities presented with significantly higher levels of academic distress than clients with no registered disabilities $t = -2.99$, $p < .01$, $M_{Non\text{-}Psyc\_Disability} = 2.51$, $M_{No\_Disability} = 2.43$ ($H_{2.2}$), however these groups did not significantly differ in their rate of change, $t = -1.30$, $p = .19$ ($H_{2.7}$). Clients with psychiatric disabilities presented with similar levels of academic distress than clients with non-psychiatric disabilities, $t = 1.25$, $p = .21$, $M_{Psyc\_Disability} = 2.56$ ($H_{2.3}$). Likewise, these groups did not significantly differ in their rate of change over time, $t = 0.64$, $p = 0.52$ ($H_{2.8}$). Additionally, the interaction between race/ethnicity and disability type did not significantly predict initial academic distress for race/ethnicity and no disability vs. non-psychiatric disability, $t = -0.60$, $p = 0.55$ ($H_{2.4}$), nor for race/ethnicity and psychiatric disability vs. non-psychiatric disability, $t = -1.24$, $p = 0.21$ ($H_{2.5}$).. Model four represents a three-way interaction between race/ethnicity and no disability vs. non-psychiatric disability over time which was not significant, $t = -0.88$, $p = 0.38$ ($H_{2.9}$). And another three-way interaction between race/ethnicity and psychiatric disability vs. non-psychiatric disability, which was also not significant, $t = -0.49$, $p = 0.62$ ($H_{2.10}$).

Table 8. Results of the Four Hierarchical Linear Models Predicting Initial Academic Distress and Rate of Change

	Parameter estimates (SE)			
	Model 1	Model 2	Model 3	Model 4

		Fixed effects		
Intercept	2.14 (0.008)***	2.34 (0.008)***	2.42 (0.031)***	2.43 (0.031)***
Time		-0.11 (0.002)***	-0.10 (0.008)***	-0.10 (0.008)***
Race			0.11 (0.097)	0.08 (0.103)
Disability1			-0.10 (0.032)**	-0.10 (0.033)**
Disability2			0.09 (0.073)	0.09 (0.073)
Race X Disability1			-0.06 (0.1)	-0.03 (0.106)
Race X Disability2			-0.39 (0.313)	-0.34 (0.328)
Time X Race			-0.02 (0.007)**	0.01 (0.029)
Time X Disability1			-0.01 (0.008)	-0.01 (0.009)
Time X Disability2			0.01 (0.021)	0.02 (0.022)
Time X Race X Disability1				-0.03 (0.03)
Time X Race X Disability2				-0.04 (0.085)
		Random effects		
Residual	0.379***	0.274***	0.274***	0.274***
Level 1 – Intercept	0.524***	0.519***	0.518***	0.518***
Level 1 - Time		0.014***	0.014***	0.014***
Goodness of fit				
-2LL	125720.5	116902.3	116863.0	116862.1
AIC	125726.5	116914.3	116891.0	116894.1

Note. N_{PD} = 10,813. Disability1 = Non-Psychiatric Disability vs. No Disability; Disability2 = Non-Psychiatric Disability vs. Psychiatric Disability; Race: Black =1, White=0; -2LL = log-likelihood ratio; AIC = Akaike Information Criterion. Model 1 is an unconditional means model. Model 2 is an unconditional growth model. Model 3 adds the effect of racial/ethnic identity and disability identity and their interaction on predicting initial academic distress, along with the effect of an interaction between time (session #) and racial/ethnic and disability identity on predicting the rate of change. Model 4 adds the effect of a three-way interaction between time (session #), racial/ethnic identity, and disability identity on predicting the rate of change.
*p < .05. **p < .01. ***p < .001.

Social Support and Initial Academic Distress

To measure the effect of social support on initial levels of academic distress, I created a model that includes the main effects for social support, an interaction between social support and race/ethnicity, an interaction between social support and non-psychiatric disability vs. no registered disability, and an interaction between social support and non-psychiatric disability vs.

psychiatric disability. Parameter estimates, null-hypothesis significance tests, and random effects are presented in Table 9. Social support significantly predicted the initial level of academic distress across all clients, reflecting clients with higher levels of social support having lower levels of initial academic distress, $t = -2.55$, $p < .05$. Social support did not differ by race ($t = 1.18$, $p = .24$, $M_{Black} = 3.16$, $M_{White} = 3.56$ ($H_{3.1}$)) or disability type (non-psychiatric disability vs. no registered disability: $t = 0.58$, $p = .56$, $M_{Non\text{-}Psych\_Disability} = 3.56$, $M_{No\_Disability} = 3.53$ ($H_{3.2}$); non-psychiatric disability vs. psychiatric disability: $t = -1.82$, $p = .07$, $M_{Psych\_Disability} = 3.47$ ($H_{3.3}$)) in predicting levels of initial distress.

Table 9. Results of the Hierarchical Linear Model Predicting the Effect of Social Support on Initial Academic Distress

Parameter estimates (SE)	
	Model
Fixed effects	
Intercept	3.01 (0.266)***
Time	-0.11 (0.005)***
Race	-0.27 (0.252)
Disability1	-0.21 (0.275)
Disability2	1.03 (0.522)
Social Support	-0.18 (0.071)*
Race X Social Support	0.09 (0.075)
Disability1 X Social Support	0.04 (0.074)
Disability2 X Social Support	-0.26 (0.143)
Random effects	
Residual	0.258***
Level 1 – Intercept	0.504***
Level 1 - Time	0.013***

Note. $N_{AD.Social\ Support} = 1{,}732$. Disability1 = Non-Psychiatric Disability vs. No Disability; Disability2 = Non-Psychiatric Disability vs. Psychiatric Disability; Race: Black =1, White=0. *p < .05. **p < .01. ***p < .001.

Final Academic Distress

To examine final levels of academic distress, the session (time) variable was recoded and centered on clients last session. I created one model that included predictors of race/ethnicity, non-psychiatric disability vs. no registered disability, non-psychiatric disability vs. psychiatric

disability, an interaction of race/ethnicity and non-psychiatric disability vs. no registered disability, and an interaction of race/ethnicity and non-psychiatric disability vs. psychiatric disability. Parameter estimates, null-hypothesis significance tests, and random effects are presented in Table 10. Black and white clients did not significantly differ in their final levels of psychological distress, $t = 1.41$, $p = .16$, $M_{Black} = 1.90$, $M_{White} = 1.91$ ($H_{2.11}$). Clients with non-psychiatric disabilities indicated significantly higher final levels of academic distress compared to clients with no disabilities, $t = -3.98$, $p < .001$, $M_{Non\_Psyc\_Disability} = 2.05$, $M_{No\_Disability} = 1.89$ ($H_{2.12}$). Clients with psychiatric disabilities indicated significantly higher final levels of academic distress than clients with non-psychiatric disabilities, $t = 2.22$, $p < .05$, $M_{Psyc\_Disability} = 2.21$ ($H_{2.13}$). Additionally, there was not a significant interaction between race/ethnicity and clients with non-psychiatric disability vs. no registered disability, $t = -0.84$, $p = .40$ ($H_{2.14}$). However, there is a significant interaction between race/ethnicity and clients with non-psychiatric disabilities vs. psychiatric disabilities in final levels of academic distress, $t = -2.28$, $p < .05$ ($H_{2.15}$). To follow up on this significant interaction, I ran an independent samples t-test to understand differences in final academic distress scores by each racial/ethnic group and disability type. As shown in Table 11, among Black clients, clients without registered disabilities reported significantly lower final levels of academic distress compared to clients with non-psychiatric disabilities, $t = 2.10$, $p < .05$. Moreover, among white clients, clients without registered disabilities reported significantly lower final levels of academic distress than clients with non-psychiatric disabilities, $t = 3.60$, $p < .01$ and clients with psychiatric disabilities ended treatment with significantly higher levels of academic distress than clients with non-psychiatric disabilities, $t = -2.35$, $p < .05$. Furthermore, among clients with each disability type, race did not significantly influence final levels of academic distress (see Table 12).

Table 10. Results of the Hierarchical Linear Model Predicting Final Academic Distress

	Parameter estimates (SE)
	Model
Fixed effects	
Intercept	2.09 (0.032)***
Time (Final)	-0.08 (0.002)***
Race	0.15 (0.103)
Disability1	-0.13 (0.033)***
Disability2	0.17 (0.075)*
Race X Disability1	-0.09 (0.106)
Race X Disability2	-0.76 (0.331)*
Random effects	
Residual	0.276***
Level 1 – Intercept	0.762***
Level 1 - Time	0.013***

Note. Disability1 = Non-Psychiatric Disability vs. No Disability; Disability2 = Non-Psychiatric Disability vs. Psychiatric Disability; Race: Black =1, White=0. This model examines an effect of racial identity, disability identity, and their interaction on predicting final academic distress.
*p < .05. **p < .01. ***p < .001.

Table 11. Follow-Up T-test Results of Final Academic Distress Scores

	Black Clients (*N* = 1,170)						White Clients (*N* = 9,643)					
	No Registered Disability		Non-Psychiatric Disability		Psychiatric Disability		No Registered Disability		Non-Psychiatric Disability		Psychiatric Disability	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Academic Distress	1.88*	1.05	2.16	1.10	1.54	0.73	1.89**	0.99	2.03	0.99	2.24*	0.99

Note. Groups are significant compared to the reference group, non-psychiatric disability.
*p < .05. **p < .01. ***p < .001.

Table 12. Follow-Up T-test Results of Final Academic Distress Scores by Disability Group

	Clients w/Psychiatric Disabilities (*N* = 161)				Clients w/Non-Psychiatric Disabilities (*N* = 751)				Clients without Disabilities (*N* = 9,901)			
	White		Black		White		Black		White		Black	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Academic Distress	2.24	0.99	1.54	0.73	2.03	0.99	2.16	1.10	1.89	0.99	1.89	1.05

Note. *p < .05. **p < .01. ***p < .001

CHAPTER 5: Discussion

The purpose of this study was to examine the effectiveness of counseling on therapeutic outcomes of psychological and academic distress for treatment-seeking Black college students with psychiatric and non-psychiatric disabilities in college counseling centers. Using a conceptual framework undergirded by the theory of psychological distress and QuantCrit, this study examined differences in presenting concerns and therapeutic outcomes among Black and white students, disability type, and the intersection of race/ethnicity and disability type. The findings of this study should be interpreted with strong caution against any connections reflecting deficiencies among Black clients or clients with disabilities. Rather, this work adds to a growing body of literature emphasizing the systemic difficulties encountered by Black college students with disabilities and joins calls for sociocultural changes to reduce discrimination and mental health disparities toward Black students with disabilities (Bruce, 2021; Connor et al., 2016; Dolmage, 2017; Wong, 2020). The findings suggest that over the course of counseling, all clients experienced significant reductions in overall psychological and academic distress, with significant differences in initial distress, rates of change over the course of counseling, and final distress by race/ethnicity and disability type. I will now turn to discuss the specific findings of each outcome, how these findings relate to previous research and the conceptual framework, and implications for theory, research, and practice.

Mental Health for Black College Students

The theory of psychological distress and QuantCrit acknowledges the role that identity, culture, and systemic oppression can play in terms of stressors that students encounter during college. For treatment-seeking Black students, counseling can serve as a protective factor for various stressors students may experience. However, the centrality of racism in the lives of Black

students emphasized by QuantCrit suggests that Black college students would experience higher levels of distress due to the nature of systemic racism in higher education. I hypothesized that Black clients would have a higher level of distress at the beginning of treatment, that their symptoms would decrease at a faster rate, and that they would have a lower level of distress at the end of treatment. Contrary to my hypotheses, however, the findings revealed that Black and white clients presented with similar levels of psychological and academic distress. The absence of differences between racial/ethnic groups is inconsistent with previous literature exploring racial differences in presenting concerns (Hayes, Chun-Kennedy, et al., 2011; Lefevor et al., 2019). A few possible explanations could help explain this inconsistency. This may be caused by a lack of research examining presenting concerns in specific racialized groups. Many studies examine racial/ethnic differences by placing all minoritized races/ethnicities into one group and comparing them with white students. For example, Lefevor and colleagues (2019) identified significant differences in initial depression and anxiety among racially/ethnically minoritized and white students. But their approach does not allow us to understand differences by each group and instead collapses the experiences of all racially/ethnically minoritized students into one monolithic group. The scope of this study did not include an examination of Black clients' presenting concerns against other racially/ethnically minoritized clients, but it does suggest that Black/African American clients present with similar levels of psychological and academic distress as their white counterparts. Furthermore, this may be caused by the methodological decision to only include clients above the elevated cut point for psychological and academic distress, meaning that if clients present above this threshold, there could no longer be racial/ethnic differences between groups.

Regarding rates of change over the course of counseling, findings suggests that Black students demonstrated significantly accelerated rates of change compared to white students in both psychological and academic distress. Consistent with my findings, previous research would suggest that racially/ethnically minoritized clients' distress symptoms decrease at a faster rate than white clients (Lefeover et al., 2019; Lockard et al., 2013). This finding highlights the role of counseling in decreasing Black students' experiences of distress throughout college. The theory of psychological distress discusses elements that determine how individuals handle stress with one of those elements being the range of skills individuals have for coping with stress. Counseling can serve as a therapeutic service for Black clients where they can have a safe space to discuss their stressors and learn skills for coping with their stress. Black students may experience culturally based stigma discrimination, and racial trauma, (Masuda et al., 2012; McLaughlin et al., 2010; Yoon et al., 2019) therefore, Black students who seek counseling may experience this rapid decrease in distress due to the role that counseling can play in teaching clients coping skills and serving as an affirming environment for Black students to process specific trauma or negative experiences, both interpersonally and systemically.

Despite the significant difference in rates of change over the course of counseling, both white and Black/African American clients indicated similar levels of psychological and academic distress at the end of treatment. Being that the results indicate similar levels of initial distress and an accelerated decrease by Black clients, I would expect for Black clients to have a lower level of distress at the end of treatment, however, this finding could indicate that Black clients may need less counseling sessions compared to white clients in order to end treatment with similar levels of distress.

Mental Health for College Students with Disabilities

Similar to Black students, counseling can also serve as a protective factor for college students with disabilities. QuantCrit primarily highlights the centrality of racism, however, my conceptual framework also considers the centrality of ableism particularly in the lives of college students with disabilities and its impact on the mental health of college students with disabilities. Consistent with my hypothesis, findings revealed that clients with non-psychiatric disabilities presented with similar levels of psychological distress at the beginning of treatment compared to clients without disabilities. QuantCrit and the theory of psychological distress proposes an assumption that students with disabilities would experience a higher level of psychological distress due to stigma that students experience associated with their disability status; however, this finding is consistent with previous literature which suggests that students with and without disabilities who seek treatment present with similar levels of psychological distress (Coduti et al., 2016; O'Shea et al., 2021). While students presented with similar levels of psychological distress, extant literature suggests that students with disabilities experience higher levels of academic distress compared to students without disabilities (Coduti et al., 2016; Fleming et al., 2018; O'Shea et al., 20212), which is consistent with my reported findings that clients with non-psychiatric disabilities present with higher levels of academic distress than clients without disabilities. Other research suggests that students with disabilities are likely to experience increased academic pressure in college as students navigate issues around academic ableism, disability identity, sense of belonging, and disclosure (Miller, 2018; Vaccaro et al., 2018).

Furthermore, as expected in regard to psychological distress for clients with psychiatric disabilities, the findings are parallel to previous research (O'Shea et al., 2021) which have found that clients with psychiatric disabilities present with higher levels of psychological distress compared to clients with other disability types. However, unexpectedly, the findings of this study

also showed that clients with psychiatric disabilities presented with similar levels of academic distress compared to clients with other disability types. Evidence from previous studies have suggested that clients with psychiatric disabilities present to counseling with higher levels of academic distress compared to clients with non-psychiatric disabilities (Coduti et al., 2016; O'Shea et al., 2021). It was expected that clients with psychiatric disabilities would indicate a higher level of psychological and academic distress than clients with non-psychiatric disabilities because students with psychiatric disabilities have reported to engage in more self-harm behaviors (Coduti et al., 2016), experience discrimination due to the hidden nature of their disability (Miller, 2018), and they are less likely to graduate college (Koch et al., 2014; Breslau et al., 2008; McEwan & Downie, 2013; Wessel et al., 2009).

Regarding rates of change over the course of counseling, findings showed that clients with all disability types including clients without disabilities had similar rates of symptom reduction over the course of treatment for both psychological and academic distress. Extant research examining differences among disability type in the rates of change over the course of counseling is limited. Congruent with my hypotheses but incongruent with my findings, a recent study examined rates of change among psychological and academic distress for students with disabilities and found that clients with disabilities decreased at a slower rate than clients without disabilities for psychological and academic distress (O'Shea et al., 2021). One explanation for this may be due to the categorization of disability type in the study by O'Shea and colleagues (2021). The present study compares students with psychiatric disabilities to students with non-psychiatric disabilities with students with non-psychiatric disabilities being students who selected any disability type other than psychiatric. However, O'Shea and colleagues (2021) categorize clients with psychiatric disabilities as clients who only select that disability type,

therefore, there may be clients with psychiatric disabilities and additional disability types in the comparison group. This also highlights three principles of QuantCrit which state that numbers are not neutral, categories are not natural or static, and data cannot speak for itself. Caution should be held for those interpreting differences by disability type because clients with multiple disabilities may have similar or different experiences than clients with only one disability type (Kimball et al., 2016). Furthermore, congruent with my hypothesis and my findings, the same study identified similar rates of change for clients with psychiatric disabilities compared to clients with other disability types for psychological and academic distress (O'Shea et al. 2021).

Even though clients with all disability types progressed at similar rates, the findings revealed differences in final levels of psychological and academic distress among clients. Examining differences in levels of distress among students with disabilities is a very underdeveloped research area. Consistent with my hypothesis, clients with non-psychiatric disabilities indicated higher final levels of academic distress compared to clients without disabilities, but inconsistent with my hypothesis, both groups reported similar final levels of psychological distress. Further consistent with my hypothesis, clients with psychiatric disabilities demonstrated higher final levels of psychological and academic distress than clients with non-psychiatric disabilities. While this is a novel area of research, the theory of psychological distress supports counseling as an environment for students to with disabilities to be affirmed in their identity and learn ways to cope with external stressors. However, QuantCrit within the conceptual framework of this study holds central the idea of systemic ableism and its impact on students with disabilities even at the end of treatment. Counseling may be helpful for students with disabilities in decreasing their levels of distress stemming from interpersonal, intrapersonal, or systemic concerns, but it does not dismiss the presence of systemic ableism and challenges

clients may experience due to institutional policies and academic ableism that likely continue to exist after treatment. It was also expected for clients with psychiatric disabilities to indicate higher final levels of psychological and academic distress than clients with non-psychiatric disabilities due to the cyclical, ambiguous, and hidden nature of their disability type. Engagement in counseling resulted in lower levels of distress for all clients, but for clients with psychiatric disabilities, they will likely continue to experience stigma regarding their specific diagnosis and discrimination from faculty and peers which may be less present for students with physical or visible disabilities (Kampsen, 2009; Salo, 2018).

Black Help-Seeking Students with Disabilities

To navigate college as a student with multiple marginalized identities, Black college students with disabilities must operate within multiple cultural groups, particularly for students attending predominately white institutions. Other fields such as higher education (Ledesma & Calderón, 2015), psychology (Wagner, 2016), and educational policy (Ard & Knaus, 20103) have explored intersectional marginalized identities and systems. Within extant counseling literature, the consideration of experiences among clients with multiple marginalized identities is stark. Particularly for Black college students with disabilities and especially for Black college students with psychiatric disabilities, few research studies have explored client experiences and therapeutic outcomes. The theory of psychological distress highlights the role of individual characteristics such as race and disability that determine the path an individual will take in response to life changes and stressors, while QuantCrit positions those characteristics within a systemic framework to understand how identities are socially constructed and how to interpret quantitative data within this framework. This study builds on current qualitative research which highlights how Black college students with disabilities have qualitatively different experiences

than white college students with similar disabilities (Banks, 2014; Miller, 2018). Despite the lack of quantitative research exploring therapeutic outcomes among Black clients with disabilities, the theory of psychological distress, QuantCrit, and qualitative research exploring the experiences of this group led me to hypothesize that Black clients with non-psychiatric disabilities would present with higher levels of initial psychological and academic distress than Black clients without disabilities and white clients with non-psychiatric disabilities. My second hypothesis for initial levels of distress was that Black clients with psychiatric disabilities would present with higher levels of initial psychological and academic distress than Black clients with non-psychiatric disabilities and white clients with psychiatric disabilities. However, contrary to my hypotheses, there was not a significant interaction between race and disability type on initial levels of psychological or academic distress, indicating that the intersection of race and disability does not influence the level of distress clients present with at beginning of counseling. This finding is inconsistent with current qualitative research which suggests that Black college students with disabilities experience heightened levels of distress due to the fear of disclosing their disability status, bias from faculty and staff, and identity negotiation (Chapple et al., 2021; Peterson, 2009). This discrepancy highlights two principles of QuantCrit which state that numbers are not neutral, and that data cannot speak for itself (Gilborn et al., 2018). The measures used in this study does not screen for client experiences of racism and ableism in its measures of distress which prevents counselors and research to understand the level of systemic oppression in clients presenting concerns.

Furthermore, exploring rates of change for Black clients with disabilities is a novel area of research, so there is a lack of research in which to compare the results of this study. However, current literature on rates of change for Black students and students with disabilities led me to

hypothesize that Black clients with non-psychiatric disabilities would experience a similar rate of reduction of psychological and academic distress symptoms compared to Black clients without disabilities, but a faster reduction rate compared to white clients with psychiatric disabilities; and that Black clients with psychiatric disabilities would experience a similar rate of reduction of psychological and academic distress symptoms compared to Black clients with non-psychiatric disabilities, but a faster reduction rate compared to white clients with psychiatric disabilities. Like my findings for initial distress, there was not a significant interaction between race and disability type on rates of change over the course of counseling, indicating that the intersection of race and disability type does not influence the rates of change over the course of counseling. However, the results of this study are consistent with a similar study which examined therapeutic outcomes for clients with multiple marginalized identities, specifically transgender and gender nonconforming racially/ethnically minoritized clients, and they also did not find a significant interaction between the two marginalized identities they were studying for initial distress or rates of change over the course of counseling.

My final hypotheses regarding Black help-seeking students with disabilities was that Black clients with non-psychiatric disabilities would indicate higher levels of final psychological and academic distress compared to Black clients without disabilities and lower levels of final psychological and academic distress compared to white clients with non-psychiatric disabilities. And that Black clients with psychiatric disabilities would indicate higher levels of final psychological and academic distress compared to Black clients with non-psychiatric disabilities and lower levels of final psychological and academic distress compared to white clients with psychiatric disabilities. The results of the analysis yielded a significant interaction between race and disability for final levels of psychological and academic distress. Follow-up analyses

suggested that, inconsistent with my hypothesis, Black clients with non-psychiatric disabilities reported similar levels of final psychological distress than Black clients without disabilities. But for academic distress, Black clients with non-psychiatric disabilities reported a higher level of final distress than Black clients without disabilities which was consistent with my hypothesis. This finding is consistent with previous literature that suggests clients with disabilities present with higher levels of academic distress than clients without disabilities, and have slower rates of change, indicating that clients with disabilities will therefore report a higher level of academic distress at the end of treatment (Coduti et al., 2016; Fleming et al., 2018; O'Shea et al., 2021). Consequently, I expected for Black clients with and without disabilities to follow similar trends. Further qualitative works have suggested that Black students with disabilities experience within-group discrimination regarding their disability within Black spaces due to stigma (Masuda et al. 2012; Maura & Weisman de Mamani, 2017).

The findings also revealed that Black clients with non-psychiatric disabilities reported similar levels of final psychological and academic distress than white clients with non-psychiatric disabilities, which was inconsistent with my hypothesis. Extant literature suggests that Black clients improve at a faster rate compared to white clients (Lefeover et al., 2019; Lockard et al., 2013), therefore, the incongruence of this finding with my hypothesis may suggest that Black clients with non-psychiatric disabilities progress at a similar rate as white clients with non-psychiatric disabilities. Regarding clients with psychiatric disabilities, findings revealed that Black clients with psychiatric disabilities indicated similar levels of final psychological and academic distress than Black clients with non-psychiatric disabilities which was inconsistent with my hypothesis. There is a dearth of quantitative and qualitative research exploring differences in distress between Black clients with psychiatric and non-psychiatric

disabilities, nevertheless, the quantitative work on clients with disabilities suggests that clients with psychiatric disabilities would present at treatment with higher level of distress and experience similar rates of change as students with non-psychiatric disabilities (Coduti et al., 2016; O'Shea et al., 2021), but it is difficult to generalize those findings to Black clients with psychiatric and non-psychiatric disabilities. Extant qualitative research highlights the varied challenges that Black students with non-psychiatric and psychiatric disabilities experience in college. These findings expand on the work of Abes & Wallace (2018), for example, who highlights the complexities of racially/ethnically minoritized students with disabilities' experiences navigating intersectional erasure and finding a sense of belonging on campus. As Peña et al. (2016) noted, "When it comes to disability, there is a tendency to isolate the identity and oppression, and not fully problematize or understand the complexities of an intersectional lived experience" (p. 90). This sense of erasure can increase students' level of psychological and academic distress by having to "work harder, fight to be seen, and project a particular image because of these intersections" (Abes & Wallace, 2018, p. 559).

Further results showed that Black clients with psychiatric disabilities indicated lower levels of final psychological distress than white clients with psychiatric disabilities which was consistent with my hypothesis, but similar levels of final academic distress which did not reflect my hypothesis. I expected that Black clients with psychiatric disabilities would indicate lower levels of both psychological and academic distress than white clients with psychiatric disabilities. This is because current literature that suggests that Black students and students with psychiatric disabilities experience a higher sense of academic distress and that they are less likely to graduate college than their peers (Breslau et al. 2008; Coduti et al., 2016; Koch et al., 2014; McEwan & Downie, 2013; O'Shea et al., 2016; Shapiro et al. 2017; Wessel et al., 2009).

The Role of Social Support

The findings revealed social support as a significant predictor of initial psychological and academic distress among all clients attending counseling, indicating that clients with higher levels of social support present with lower levels of initial psychological and academic distress. This finding is congruent with extant literature, which has identified social support as a factor related to overall mental health, life satisfaction, academic success, and psychological and physical health outcomes (Bender & Lösel, 1997; Chao, 2011; Hogan et al., 2002; Rueger et al., 2016). Parallel with empirical research, the theory of psychological distress emphasizes the availability of social support networks, and the level of social support individuals have which relate to how they handle stressors (Holloway et al., 2008). In this study, I also aimed to understand if race/ethnicity or disability type would impact clients' level of initial distress among clients who presented with the same level of social support. Despite the findings revealing social support as a significant predictor of initial psychological and academic distress for all students, the findings also showed that the level of psychological or academic distress did not differ based on race/ethnicity or disability type for clients with similar levels of social support.

Existing qualitative literature highlights the importance of social support specifically for Black college students and students with psychiatric and non-psychiatric disabilities (Abes & Wallace, 2018; Barksdale & Molock, 2009; Honey et al., 2011; Mahmoud et al., 2017; Townley et al., 2013; Seawell et al., 2012). For Black students, social support has been found to be a protective factor against depressive symptoms, as a form of collective coping against racism and microaggressions, and as a contributor to academic success (Carter-Francique et al., 2013; Laurence et al., 2009; Lewis et al., 2013). There is also support to indicate that social support increases students with disabilities' ability to cope with experiences of interpersonal ableism and

confidence with being successful in their courses which lowers their level of academic distress and positively relates to self-determination, sense of control, hopefulness, and less depressive symptoms (Constantine et al., 2003; Hefner & Hisenberg, 2009; Lomardi et al., 2016; Murray et al., 2013; Morningstar et al., 2010; Sarason & Sarason, 2009; Wilks & Spivey, 2010). The contradiction between the results of this study and current qualitative research suggests that more research is needed to quantitatively examine various types of social support among Black and white college students with psychiatric and non-psychiatric disabilities using an assessment validated on this specific population. While the theory of psychological distress highlights the importance of social support for college students, QuantCrit encourages us to interrogate how social support is categorized and measured. This study measured social support with the average of two items on the SDS inquiring about emotional support from family and social networks which does not allow a comprehensive measure of social support. The Multidimensional Scale of Perceived Social Support (MSPSS), for example, is a comprehensive instrument that was validated for use with Black college students with disabilities (Iwanga, 2021).

Implications for Theory

The theory of psychological distress and QuantCrit are two theories that were used in tandem with one another to guide this study as the conceptual framework. QuantCrit and the theory of psychological distress allow for a nuanced understanding of how various stressors impact counseling outcomes of multiply marginalized college students using quantitative data. The theory of psychological distress acknowledges the role that identity, culture, and background can play in terms of life experiences and stressors that present in early adulthood (Aneshensel & Pearlin, 1987; Pearlin 1983, 1993; Pearlin et al., 1981). It also emphasizes the role of identity in one's ability to cope and respond to stressors (Aneshensel & Pearlin, 1987; Pearlin 1983, 1993;

Pearlin et al., 1981). Most research using the theory of psychological distress center the role that race, gender, and one's background can play in the determination of an individual's response and ability to cope with life experiences and stressors, thereby influencing the presenting mental health challenges one may experience. By centering race/ethnicity and disability and utilizing QuantCrit in this study, I am able to not only highlight identity, but also consider the ways in which systemic racism and ableism interact to create challenges for students on the margins of said identities. The findings of this study revealed a significant interaction between race/ethnicity and disability type in final levels of psychological and academic distress; however, there were not significant interactions for initial levels of psychological and academic distress or rates of change over the course of counseling. Through QuantCrit and the theory of psychological distress, researchers and counselors should consider how the constructed categories of each identity defined by the SDS impacts the results of this study, the conceptual framework, and how the results are generalized to those who may hold the same identities. Additionally, the emphasis on disability in this study has implications on QuantCrit and the theory of psychological distress as neither theory specifically focuses on disability. And finally, the inclusion of social support as a predictor of psychological and academic distress expands on current research by beginning to identify protective factors that may influence the association between specific identities and overall distress.

Implications for Practice

This study yields important implications for college counselors to understand the role of counseling on psychological and academic distress among Black college students with psychiatric and non-psychiatric disabilities. This study can inform college counselors about their effectiveness in working with Black clients, clients with psychiatric and non-psychiatric

disabilities, and clients on the margins of both race/ethnicity and disability type. As the data indicate, clients with non-psychiatric disabilities and psychiatric disabilities present with higher levels of distress compared to clients without disabilities and non-psychiatric disabilities, respectively. College counseling center staff including psychologists, counselors, social workers, and graduate students are uniquely positioned to effectively advocate for ways to reduce these disparities. For example, they may advocate with their university disability services office to ensure clients have their necessary accommodations, with university administration to ensure faculty are being trained on inclusive disability-affirming practices, and with university housing to assign students with accessible housing. Additionally, college counselors and other staff in counseling centers can engage in outreach directly with staff, faculty, and students to educate them about disability identities and experiences and to reduce interpersonal and institutional ableism.

Furthermore, the findings of this study also suggest that Black college students' distress symptoms decrease at a faster rate compared to white college students. Additionally, Black clients with psychiatric disabilities reported lower levels of final psychological distress than white clients with psychiatric disabilities. These findings emphasized the importance of counseling in reducing symptoms of distress for Black clients and Black clients with psychiatric disabilities. Counselor educators and college counselors in training and supervisory roles should purposively center and incorporate material about the intersection of multiple marginalized identities and bring awareness to the types of support that Black students with psychiatric disabilities can benefit from such as disability services offices and multicultural support centers. College students with multiple marginalized identities who attend counseling may experience counseling as a protective factor against distress, however, other Black college students with

disabilities who do not seek counseling may continue to experience high levels of distress if they are not receiving support in other ways. College counselors can confront this by marketing their services specifically for students with multiple marginalized identities and by including questions during their intake process about students' experiences with racism and ableism at their college or university.

Moreover, this study also highlighted social support as a protective factor against psychological and academic distress among treatment-seeking clients. Despite the findings not showing significant differences between social support and initial distress by race/ethnicity or disability type, college counselors should still be aware of clients who present with low levels of social support and how it could impact their presenting concerns and therapeutic outcomes. More specifically, counselors should be aware of Black clients with psychiatric disabilities who have low levels of social support and how their presenting concerns and therapeutic outcomes might differ from Black clients with psychiatric disabilities with high levels of social support. Furthermore, counselors should be aware of social network opportunities that their clients can engage in on and off campus to increase clients level of social support.

The conceptual framework of this study should encourage counselors to consider how systemic racism and ableism impact clients presenting concerns and their experiences throughout treatment. As it is important for counselors to build upon the small amount of research surrounding this topic, counselor education programs can gather information from their curricula to conduct an assessment on their intentionality of including topics around intersectionality – specifically the intersection of race and disability with special attention to racism and ableism. Furthermore, college counselors and counselor educations should ensure that they are training novice counselors to broach conversations not only about race, but also conversations about

disability to understand their clients' unique experience and how it may influence their work over the course of counseling.

Implications for Future Research

This study also yields important implications for future research. This study highlights the need for additional avenues of research on Black college students with psychiatric and non-psychiatric disabilities. Extant qualitative research highlights the experiences of Black college students with disabilities being qualitatively different than white college students, however, this intersection was not confirmed by the results of this study for treatment-seeking students. Future research might include similar research questions with different methodological approaches such as qualitative or mixed methods with measures that are better able to capture approaches of systemic racism and ableism. Qualitative and mixed method approaches can be utilized to continue gaining a better understanding of students' unique experiences such as with the use of data from focus groups or interviews in tandem with quantitative data. Additionally, researchers should explore factors that increase help-seeking behaviors for Black students with disabilities and how Black students with disabilities who seeking counseling may differ in their levels of distress compared to Black students with disabilities who do not seek treatment. Future research can also explore differences in social support between students with various disability types and racial/ethnic groups and explore counseling implications for clients who present with low levels of social support. Additionally, research can identify various forms of social support and its impact on students' overall well-being and experiences in college. Research can also focus on exploring interventions to reduce specific psychiatric symptoms for students with psychiatric disabilities and the role college counselors may hold for those interventions. Furthermore, since the instruments used in this study did not include measures on perceived racism and ableism,

future research could develop and validate these instruments specifically for Black college students with psychiatric disabilities and include those measures in relation to other instruments analyzing counseling outcomes, such as the CCAPS. Additionally, other general instruments should be validated specifically on Black college students with disabilities, such as the Multidimensional Scale of Perceived Social Support (Iwanga, 2021). With that, future qualitative work can explore the experiences of Black college students with disabilities and their experiences of discrimination on university campuses and with university support services, particularly at predominately white institutions. Clinically, future research can highlight how counselors in training are being trained on intersectionality and their development of racial and disability competence when working with clients. Furthermore, future research can focus on college students with disabilities who have experienced previous hospitalization and how their experience may impact their involvement and engagement in college counseling services. Finally, future research could begin to explore differences between various racially/ethnically minoritized groups with disabilities.

Limitations

While this study adds important new insights to research on counseling outcomes by race/ethnicity and disability type, there are important limitations to consider. The use of a secondary dataset will not allow for any further manipulation of the independent variables, and I was not able to retrieve additional data not already included in the dataset. Additionally, the sample only included students seeking mental health treatment and students who disclosed their disability status; therefore, the results will not reflect the experiences of students who do not seek treatment nor students who do not disclose their disability status. With the focus of this study being on students with disabilities, this study was limited to students well enough to seek

treatment, which does not allow for inclusion of students who are not able to seek treatment due to their disability or other circumstances, but particularly students with more severe psychiatric symptoms unable to attend or access mental health treatment in a college counseling setting. Furthermore, the research design and analytic approach also did not account for other factors that could contribute to a reduction of symptoms during counseling, which could have an impact on counseling outcomes such as therapist effects or medication. Another limitation includes limited generalizability for counselors outside of a college or university setting who may have different access to trainings and other resources. Furthermore, the disability category of 'non-psychiatric' placed all clients who selected a disability type other than 'psychological or psychiatric condition' into the same group, which does not allow for an examination of between-group differences for clients with learning, sensory, or physical disabilities. Another limitation in this study is the possibility of a type I error due to setting the significance of the critical p-value at 0.05. Additionally, the missing data in the study were either missing at random or not collected due to clinic procedures, therefore, I did not replace missing scores with the average scores, so only clients' scores that were captured were included in the analysis. Finally, the sample size of Black clients with psychiatric disabilities presents another limitation to the study due to the disproportionate number of clients in this group compared to other groups.

Conclusion

The results of this study suggest that attending counseling for Black college students with psychiatric and non-psychiatric disabilities can be a protective factor for psychological and academic distress experienced throughout college. These findings should inform counseling training programs to intentionally incorporate the development of skills on how to effectively discuss topics of race and disability in counseling sessions within their curriculum. This study

provides an important foundation for future research and the findings yield important implications for practice and theory, particularly pertaining to ways in which college counselors can better support positive and healthy outcomes among Black college students with psychiatric and non-psychiatric disabilities.

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KYESHA M. ISADORE
Curriculum Vitae

EDUCATION

August 2022 **Ph.D. Counselor Education & Supervision (CACREP Accredited)**
[Expected] The Pennsylvania State University
May 2019 **M.Ed. Counselor Education (CACREP Accredited)**
The Pennsylvania State University
May 2017 **B.S. Psychology**
Louisiana State University

SELECTED PUBLICATIONS

Eshak, T. B., Parker, L., Chiu, Y., **Isadore, K. M,**, Zhai, Y., Banerjee, R., & Conyers, L. M. (2022). Addressing the syndemic effects of incarceration: The role of rehabilitation counselors in public health. *Rehabilitation Research, Policy, & Education*, *36*(1), 15-33.

O'Shea, A., **Isadore, K. M,** & Galvan, A. (2021). Support for the basic psychological needs and satisfaction with health and quality of life in college students with disabilities. *Journal of American College Health,* 1-10.

Isadore, K. M., & Galván, A. (2022, accepted in progress). Multimodality as accessibility: A critical perspective on universal design in theory, research, and practice. In K. N. Silvestri, N. Barrett, & T. M. Nyachae (Eds), *Toward critical multimodality: Theory, research, and practice in transformative educational spaces*. Information Age Publishing.

Isadore, K. M., Diaz, A., Zalaquett, C. (2022, in press). Positive regard and affirmation. In Zalaquett, C. (Ed.), *Moments of excellence in counseling and psychotherapy: Learning what works for relationship building and increased effectiveness*. Coherent Digital Mindscape Commons.

GRANTS

Galván, A. (PI), & **Isadore, K. M. (Co-PI).** The development and initial validation of a disability identity development and belonging scale for racially and ethnically minoritized college students with psychiatric disabilities. *Association for Assessment and Research in Counseling (AARC),* 2021. (Funded; $4,000.00) *IRB #2451*

Isadore, K. M. (PI), & Galván, A. (Co-PI). Exploring ability in the room: A mixed methods investigation of counselor trainee disability competence. *Association for Counselor Education and Supervision (ACES),* 2021. (Funded; $2,850.00) *IRB # pending*

SELECTED REFEREED PROFESSIONAL PRESENTATIONS

O'Shea, A., **Isadore, K. M.,** Galván, A., & Gray, J. (2022, April). *Investigating Quality of Life and Suicidality among College Students with Disabilities*. Paper presentation at the National Council on Rehabilitation Education (NCRE) Conference, San Diego, CA.

Isadore, K. M. & Galvan, A. (2022, April). *Examining Social Support and Life Satisfaction for Racially/Ethnically Minoritized College Students with Disabilities*. Paper presentation at the American Educational Research Association (AERA) Annual Conference, San Diego, CA.

Isadore, K. M. & Galvan, A. (2022, April). *Multimodality as Accessibility: A Critical Perspective on Universal Design in Theory, Research, and Practice.* Paper presentation at the American Educational Research Association (AERA) Annual Conference, San Diego, CA.

Galvan, A., & **Isadore, K. M.** (2021, September). *The Experiences of Ethnically and Racially Minoritized Students with Psychiatric Disabilities: Aiming for Equitable Research Practices*. Content session at the Association for Assessment and Research in Counseling (AARC) Annual Conference, Cincinnati, OH.

Isadore, K. M., O'Shea, A., & Galvan, A. (2021, April). *Exploring the Lived Experiences of Racial/Ethnically Minoritized College Students with Psychiatric Dis/abilities.* Paper presentation at the American Educational Research Association (AERA) Annual Conference, virtual conference.

SELECTED AWARDS & FELLOWSHIPS

2021 – 2022 **NBCC Doctoral Minority Fellow,** National Board for Certified Counselors
2019 – 2022 **Edwin L. Herr Scholarship for the Education of Counselors,** Penn State
2019 – 2020 **Robert Graham Endowment Graduate Fellowship,** Penn State
2018 – 2022 **Burdett E. Larson Graduate Fellowship in Education,** Penn State
2017 – 2018 **Rehabilitation Services Administration Scholar,** Penn State