

# Emerging Adults: Perspectives of College Students with Disabilities

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## Abstract

Qualitative data were gathered, via surveys and interviews, from students with disabilities enrolled in undergraduate and graduate professional preparation programs, with the intention to learn about their reasons for not disclosing their disability status or not pursuing relevant accommodations. Findings indicate their primary motivations are to assert independence, to avoid stigma associated with others' responses to disclosure and/or use of accommodations, and to develop an adult identity that includes but is not defined by disability. Recommendations for higher education practice and further research are provided.

*Keywords: College students, higher education, disability, identity development*

Individuals with disabilities are increasingly pursuing degrees in higher education. According to one U.S. Department of Education study, during the 2008-2009 academic year, the most recent year for which data are available, "88% of 2-year and 4-year Title IV degree-granting postsecondary institutions reported enrolling students with disabilities" (Raue & Lewis, 2011, p. 3). During this same period, these institutions reported enrolling nearly 707,000 students with disabilities. To be eligible to receive accommodations at college or university, students with disabilities first have to disclose their disability to the disability services office.

The eligibility process is markedly different at the postsecondary level compared to the secondary level. In P-12 institutions, parents and teachers can advocate for students to receive the support services and accommodations to which students are legally entitled. In postsecondary institutions, students with disabilities are on their own. Authority for one's education transfers from legal guardians to students themselves, which is often a confusing and challenging shift (Barnard-Brak, Sulak, Tate, & Lechtenberger, 2010; Cawthon & Cole, 2010; Field, Sarver, & Saw, 2003). Legally, students must self-identify as a person with a disability, self-disclose to the institution, request support, and communicate their needs to professors. Having reached the age of majority,

these 18-year-olds (and older) are legally considered adults, capable of and responsible for governing their own lives, including their education. Myriad skills underlie a person's ability to successfully be autonomous or independent.

As faculty in Teacher Education and Counselor Education programs, we have taught college students with disabilities. Some of these students openly discussed their disabilities, struggles, and successes during class sessions and/or office hours. Others chose not to self-disclose until they were failing a course, or they completed a course. These experiences served as the basis for this study. The current study focused on college students in pre-professional programs who self-identify as having a disability (through an IEP or a 504 plan) and who are eligible for specialized services from our small public college in New York. The purpose of this paper is to present results from a subset of a larger study regarding perspectives and experiences of those who decided not to pursue services in college. Our research question, specifically, for this subset was "What are the experiences of students with disabilities in the college's professional preparation programs?" In this paper, we present implications for understanding and providing services and accommodations for students with disabilities.

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## Literature Review

Disability in higher education is a growing field of study. Our perspectives of relevant literature have been strongly influenced by the voices of our study participants. We present material that asks readers to consider students with disabilities as college students undergoing developmental (e.g., maturational) processes parallel to those undertaken by college students without disabilities, as well as literature that acknowledges the significant, but not defining, influence disability contributes to those processes.

### Emerging Adulthood

Emerging adulthood is the developmental transition period, generally, that occurs between ages 18 and 25, and is different from adolescence and adulthood. “Emerging adults do not see themselves as adolescents, but many of them also do not see themselves entirely as adults” (Arnett, 2000, p. 471). Emerging adults do not define adulthood by major life events (e.g., earning a degree, establishing a career, or embarking on marriage or parenthood) but rather by particular personal qualities or characteristics, reflecting “emphasis in emerging adulthood on becoming a self-sufficient person” (pp. 472–473).

Schneider, Klager, Chen, and Burns (2016) noted today’s young people receive complex and conflicting messages regarding when others consider them as adults, as well as the shifts in indicators of adulthood from those of earlier generations. In addition, young adults entering higher education are often academically underprepared, and have few supports and decreased financial resources, resulting in increased time to completion of degree and entry into the workforce, which often can only provide underemployment for those with bachelor’s degrees. Nevertheless,

the social experiences, the intellectual experiences, and the experience of being on their own and learning to take responsibility for the day-to-day tasks of life combine to transform the green emerging adults who entered as freshmen into graduating seniors who have taken great steps toward becoming an adult. (Arnett, 2015, p. 1)

### Identity Development among College Students

College students are understood to be in the process of identity development, formation, or creation (depending on one’s theoretical lens); this process is further understood to be fluid and recursive, with identity “socially constructed ... through interactions with the broader social context in which dominant values dictate norms and expectations” (Torres,

Jones, & Renn, 2009, p. 577). This broader social context includes institutions such as education, work, family, and economics “patterned by intersections of race, class, gender, sexuality, age, ethnicity, and disability (among others)” (Anderson & Collins, 2004, p. 216). Further, contemporary theories (e.g., critical race theory, queer theory, cited in Torres et al., 2009) argue that identity is characterized by intersectionality of a variety of identity dimensions (e.g., gender, race, ethnicity, sexual orientation). To these lists of identity dimensions and systems of power and inequality within which students are coming to define who they are, we would add *ability*.

[M]any persons with disabilities have internalized society’s perceptions of being “less than” and often have *created an image* of being “Super Human” in order to combat their feelings of inadequacy. Persons with disabilities often believe that they need to prove that they belong as members of society and overcompensate by portraying that they do not need support in any way. (Gibson, 2006, p. 5, *emphasis added*)

While enrolled in institutions of higher education, college students with disabilities are participating in the same processes of identity development as are their peers without disability. They are identifying who they are with regard to gender, race, ethnicity, and sexual orientation, while also defining who they are with regard to their disability. The disability literature presents this self-defining identity process as requiring self-determination, another term for independence.

### Disability Law

Three federal laws directly pertain to the rights of individuals with disabilities. These include the Individuals with Disabilities Education Act (IDEA) of 2004, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990. In P-12 settings, IDEA (2004) governs which students receive special education services and outlines the procedures by which these services are conferred. IDEA is composed of four sections. Parts A and D outline the foundation for the Act and overarching steps to be taken to enhance the education of children and youth with disabilities. Part B delineates guidelines for school children ages three to 21. This includes principles such as zero-reject, non-discriminatory evaluation, appropriate education, least restrictive environment, procedural due process, and parent participation (Turnbull, Huerta & Stowe, 2009). Part C provides guidelines regarding funding and services for children ages birth through two years.

Until its last reauthorization, IDEA outlined processes for *schools* and *parents*. With the addition of transition services, *students* were expected to take a more active role in their education “to facilitate the child’s movement from school to post-school activities, including postsecondary education” (IDEA, 2004). Yet even with recent amendments to IDEA, student involvement in the Individualized Education Plan tends to be limited at the secondary level and transition services tend to fall short overall (Cawthon & Cole, 2010; Barnard-Brak et al., 2010; Field et al., 2003; Lightner, Kipps-Vaughan, Schulte & Trice, 2012). Under-preparation of transition from secondary to postsecondary activities can leave students with limited self-awareness, self-regulation, and self-advocacy skills. This is a concern because college students with disabilities no longer qualify for services under IDEA and must, of their own accord, seek services under Section 504 and/or the ADA.

Subpart E of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 pertain to institutions of higher education. These are civil rights legislation that prohibits the discrimination of individuals with disabilities. Specifically, Section 504 states that:

No otherwise qualified person with a disability... shall, solely on the basis of disability, be denied access to, or the benefits of, or be subjected to discrimination under any program or activity provided by an entity/institution that receives federal financial assistance. (P.L. 93–112)

Regarding postsecondary education, this pertains to recruitment and admission procedures and academic adjustments that do not fundamentally alter program standards or requirements (Squires, 2015).

ADA expands the rights of individuals with disabilities to private organizations. Its purpose is to create a “fair and level playing field” for qualifying persons who can “perform the most fundamental duties of the position (held or desired) with or without reasonable accommodation” (Gilbert, 1998, p. 323). For colleges and universities, this means providing reasonable and effective accommodations on an individual basis. Similar to Section 504, the accommodations granted under ADA should “permit students with disabilities the opportunity to learn by removing barriers that do not compromise academic standards” (Ferris State University, 2016). As previously stated, these laws differ from the IDEA of 2004 because they stipulate that college students with disabilities must initiate the process of obtaining services. The “responsibility for identification, documentation, and

requesting accommodations [lies] solely in the hands of the student” (Field et al., 2003, p. 340).

### College Students with Disabilities

Increasing enrollment numbers do not paint a full picture. Numerous studies report that significantly higher numbers of students with disabilities are attending U.S. colleges and universities (Barnard-Brak et al., 2010; Cawthon & Cole, 2010; Hong, 2015; Lightner et al., 2012; Sniatecki, Perry, & Snell, 2015; Summers, White, Zhang & Gordon, 2014). Yet even with such increase in enrollment, college students with disabilities typically under-perform their non-disabled peers in several ways. For example, they attend college at lower rates than students without disabilities (Barnard-Brak et al., 2010), earn bachelor’s degrees at significantly lower rates than those without disabilities (Summers et al., 2014), and take twice as long to complete their degrees as those without disabilities (Hong, 2015). Furthermore, compared to peers without disabilities, college students with disabilities “obtain lower GPAs, are more likely to take leaves of absence, and tend to change to easier programs that prepare them for less lucrative careers” (Lightner et al., 2012, p. 145). As these statistics suggest, postsecondary outcomes for students with disabilities are far less favorable than those of students without disabilities.

Researchers in the field have identified both internal and external challenges that affect the experience of college students with disabilities. The most frequently cited barriers include lack of awareness of faculty or staff (Agarwal, Moya, Yasui & Seymour, 2015; Cole & Cawthon, 2015; Denhart, 2008; Hong, 2015; Marshak, Van Wieren, Ferrell, Swiss, & Dugan, 2010; Sniatecki et al., 2015), student lack of self-awareness or self-advocacy (Cawthon & Cole, 2010; Cole & Cawthon, 2015; Lightner et al., 2012; Marshak et al., 2010), perceived stigma (Agarwal et al., 2015; Denhart, 2008; Hong, 2015; Lightner et al., 2012; Marshak et al., 2010), perceived usefulness or quality of services (Hong, 2015; Marshak et al., 2010), and academic difficulties (Cole & Cawthon, 2015; Hong, 2015). A combination of these barriers influence students’ decisions whether to access services and accommodations on campus.

The experiences of college students with disabilities are rich and complex. Research in this emergent field has mostly comprised of quantitative studies and focused on students with specific learning disabilities. The current study contributes to the literature in that it uses qualitative methods to capture the experience of college students with various disabilities in professional preparation programs. These voices, in and of

themselves, are important to document. Additionally, they are notable because the participants represent individuals preparing to work with patients, clients, and students who potentially will have disabilities.

### Self-Determination

Self-determination has repeatedly been shown to be an essential skill set critical to success for students with disabilities in higher education (Field et al., 2003; Finn, Getzel, & McManus, 2008; Garrison-Wade, 2012; Sarver, 2000; Summers et al., 2014).

Turnbull and Turnbull (2001) defined self-determination as “the means for experiencing quality of life consistent with one’s own values, preferences, strengths, and needs” (p. 58). Field et al. (2003) adopted the 1998 definition from Field, Martin, Miller, Ward, and Wehmeyer, who emphasized skills and dispositions in their definition:

Self-determination is a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one’s strengths and limitations together with a belief in oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of adults in our society. (pp. 339-340)

Wehmeyer, Agran, and Hughes (1998) identify 12 component skills that constitute self-determination. These skills include:

choice-making; decision-making; problem-solving; goal setting and attainment; independence, risk-taking, and safety skills; self-observation, evaluation, and reinforcement skills; self-instruction; self-advocacy and leadership skills; internal locus of control; positive attributes of efficacy and outcome expectancy; self-awareness; and self-knowledge. (p. 11)

Getzel and Thoma (2008), in summarizing relevant literature, described self-determination as

a set of personal or interpersonal skills that include acceptance of a disability and how it affects learning, understanding which support services are needed, knowing how to describe one’s disability and the need for certain supports to service providers, and having the determination to overcome obstacles that may be presented. (p. 78)

These definitions of self-determination have several elements in common. *Agency*: an individual with a disability can, and should, make his/her own decisions and actualize those decisions. *The combination of knowledge, skills, and dispositions*: being self-determined requires an asset-based mindset, draws on both understandings of self and systems, and utilizes learned abilities. *Intersectionality*: to be self-determined is to act in a social-cultural-historical environment influenced by numerous internal and external factors. Interestingly, none of these definitions suggests that individuals with disabilities must act alone. To be self-determined is not to be an island. Yet this may not be the message received by students with disabilities from college faculty or staff.

### The Influence of Stigma on Adulthood, Identity, and Independence of Students with Disabilities

Thomas, Curtis, and Shippen (2011) posited that individuals with disabilities are perceived as possessing more challenges than actually exist due to others’ lack of ability to comfortably interact with them. This discomfort of individuals without disabilities often increases as interaction with people with disabilities decreases, including fewer conversations and less physical and eye contact. Aggravating this increasing discomfort is the “hierarchy of stigma” (Smart, 2009, p. 34) associated with four primary categories of disabilities (in ascending order of amount of stigma):

Individuals with physical disabilities have the least amount of stigma directed toward them; individuals with cognitive disabilities have more stigma; individuals with intellectual disabilities experience even more stigma; and, finally, those with psychiatric disabilities experience the greatest degree of stigma. (pp. 197-198)

Park, Roberts, and Stodden (2012) investigated faculty attitudes regarding students with disabilities. They found that instructor misconceptions about the needs and characteristics of students with disabilities often prohibited these same students from disclosing their challenges and asking for needed services and accommodations. Noble and Childers (2008) revealed the same result in their study with regard to college faculty and students requesting accommodations. Black, Weinberg, and Brodwin (2015) explored the perspectives of college students with disabilities on effective teaching methods/strategies. Students “expressed discomfort in discussing accommodations or disclosing their disabilities with professors” (p. 17). This was associated with perceived stigma of disability (particularly for individuals with invisible disabilities like

Specific Learning Disabilities or Emotional-Behavioral Disorders) and was an important factor influencing students' decisions not to disclose.

Related to the notion of stigma is the assumption held by some, particularly individuals without disabilities, that individuals with disabilities are "less than" or "not normal." This is a misconception that many individuals with disabilities actively try to disprove. Denhart (2008) indicated that college students with disabilities may elect not to pursue disability services because they perceive using accommodations as cheating. Interestingly, another finding from Noble and Childers' (2008) study involved students' reticence to disclose or ask for assistance as attributed to the students' desire to be perceived as "normal" and "independent." Similarly, Cole and Cawthon (2015) found that many college students with disabilities chose not to disclose the disability because they wanted to "maintain a 'typical' identity and avoid negative reactions/comments from peers" (pp. 170 & 172). Herbert, Welsh, Hong, Kurz, Byun, and Atkinson (2014) used the phrase "anxious for a new beginning" (p. 23) to characterize students with disabilities who choose not to self-identify due to the impact of the stigma of having a disability.

## Methodology

### Philosophical and Theoretical Underpinnings

We, the researchers, believe that all students can learn, that teaching and learning should be individualized to meet students' developmental needs, and that an asset-based model best serves students. Such a model discovers, utilizes, and enhances students' abilities. Correspondingly, viewing students as *different*, rather than *deficient*, positions individuals as unique beings with strengths; individuals who can contribute to and benefit from education. We believe that historically marginalized people, including individuals with disabilities, have been ignored and underserved. Education systems have played a role in this disempowerment, yet that does not have to continue. Education systems can always be renewed and improved.

### Method

We designed a qualitative study using a phenomenological approach. Our primary goal was to understand the lived experiences of college students with disabilities in professional preparation programs. In answering our research question, "What are the experiences of students with disabilities in the college's professional preparation program," we explored and described "what" individuals experienced and "how" they experienced it. We believe that mean-

ing is subjective and that individuals enter contexts with preconceptions. Therefore, our goal was not to "bracket" ourselves from the research but to acknowledge our biases, monitor ourselves throughout the study, and to elucidate how we derived our interpretations. Our intent was to document the "emic" perspective so as to (1) better understand the individual's experiences and perspectives, and (2) present ways to facilitate students' success in college as identified by the participants.

This study is naturalistic or situational in that it explored students' experiences in their natural setting: the college campus, specifically in classes and through interactions with professors, advisors, and peers. It includes descriptive empirical data, collected from interviews and open-ended surveys. We utilized inductive methods where codes, categories, and themes emerged (bottom up) from data (Bogdan & Biklen, 1998; Stake, 2010). Data were analyzed, producing textural and structural descriptions, which revealed meaning about the essence of the phenomenon (Creswell, 2014). As with qualitative research, a recursive process, data were analyzed multiple times with myriad frameworks. Specific additional theories were used during these subsequent analyses and will be discussed later.

**Participants.** During the 2014-2015 academic year, participants were purposefully selected (Glesne, 2006) from eight professional preparation degree programs, including nutrition, nursing, communication disorders and sciences, social work, human development and family relations, school psychology, counselor education, and teacher education. (The researchers were faculty in some of those programs.) Participants were at least 18 years old, males and females, from diverse backgrounds, enrolled as undergraduate or graduate students, part-time and full-time. In total, 541 participants completed the open-ended survey.

In this subset of the larger study, participants included forty-five students who self-identified as having a documented disability. Participants were instructed to identify and describe their disability, then select the IDEA disability category to which it pertained. Disabilities represented in this sub-study include nine of the 13 categories listed in the Individuals with Disabilities Education Act of 2004. Specifically, these are Specific Learning Disability (28%), Other Health Impairment (28%), Emotional Disorder (16%), Autism Spectrum Disorder (7%), Physical Impairment (7%), Visual Impairment (4%), Speech-Language Impairment (4%), Hearing Impairment (4%), and Traumatic Brain Injury (2%). Seven participants indicated they had more than one disability.

ity; three participants indicated they did not know their disability; and three participants left this question blank.

Additional demographic information regarding the 45 participants follows. The majority (76%) of participants were female, between the ages of 18 and 26 (91%), of White/Non-Hispanic ethnicity (89%). Approximately two-thirds of participants were undergraduate students, and nearly one-half of participants were enrolled in a Teacher Education academic degree program. Of these 45 participants, twelve agreed to be interviewed as follow-up to their surveys.

**Instrument design.** In this section, we will describe the original survey as well as the interview protocol. The final survey, comprised of three sections, emerged after a series of pilot surveys were conducted and analyzed. Results from pilot surveys, and focus group discussions with participants who completed the pilot surveys, led to revision of the document. Revisions enhanced the clarity of questions and elicited more elaborate responses from participants. In the final survey, all participants completed Part A (nine demographic items), participants who disclosed disabilities completed Part B (nine open-ended and limited choice questions), and participants without disabilities completed Part C (nine open-ended and limited choice questions). Part B included questions like “Please identify and describe your disability.” “Describe your strengths.” “Have you disclosed that you have a disability to any individuals or offices on campus? If yes, to whom? What response did you receive? If no, why did you choose not to disclose that you have a disability?” “What accommodations or services have you or do you currently receive at this Institution? If none, why do you choose not to pursue any accommodations or services?” “Describe the steps you took to get these accommodations or services.” “What challenges do you face as a student in a professional preparation program?” “Is there anything else about your college experience as a student with a disability that you would like us to know?” Findings from Parts A and B are presented and analyzed in this paper. Additional data were gathered through an interview protocol.

The interview protocol included two components: analysis of the participants’ completed surveys for follow-up and an interview record. The first step involved researchers probing open-ended survey responses, asking questions like “Can you tell me more about...” or “What did you mean by...” or “Could you describe/clarify...” This required co-researchers to read individual survey responses, mark areas for follow-up, and agree on probing questions prior to each interview. The second step, using the semi-structured

interview record, entailed asking questions in three areas: supports, challenges, and self-awareness. A sample of interview questions follows:

- What services/supports are available to use as a student in a professional preparation program? How do you access those supports? Why do you use those supports? How are the supports helpful or not? To what degree are the supports effective?
- What challenges do you face as a student in your professional preparation program? How do these challenges affect you? How have you overcome these challenges to be successful in your program? What would you have done differently to maximize your success in the Program? What could people and organizations on campus do differently do support you in maximizing your success in the Program?
- What do you know about your disability and how it affects you as a student in a professional preparation program? What do you know about your rights and responsibilities as a student with a disability in a professional preparation program?

**Data collection and analysis.** Surveys were conducted in 24 classes on campus after obtaining participants’ consent. Data collection was carefully designed so that researchers did not collect data from any students for whom they were a current instructor. These data were entered, verbatim, into computer databases and double checked for accuracy before analysis began.

Co-researchers engaged in a rigorous process to reach inter-rater reliability. This entailed independently reading, coding, and categorizing six surveys then coming together to discuss our analyses of Part B responses. As co-researchers shared analyses round-robin (one survey at a time, question by question), their codes and categories were recorded in a Word document. Verbatim key phrases from participants were written on this document with co-researchers’ ponderings, questions, ideas, etc. included in brackets. Then, we examined the comprehensive record and decided which codes to adopt, eliminate, or revise. We also created definitions for our codes, detailing what data “counted” or “did not count” in particular categories. The coding scheme went through several drafts. Before it was used in the final analysis of data, we piloted the coding scheme on two more surveys. Finding that the coding scheme captured the data we wanted, and that co-researchers were consistent in their use of codes, we began to use

the coding scheme in actual analysis. Surveys were coded by at least two researchers independently.

As noted, of the 45 participants who disclosed a disability, twelve agreed to participate in a follow-up interview. Two co-researchers (not currently instructors of the participants) conducted each individual semi-structured interview. Interviews were held in private rooms on campus and ranged in length from 30 minutes to 75 minutes. Interviews were documented by notes and audio recordings, and then transcribed verbatim. Before interviews were analyzed, a copy of the transcript was emailed to each participant for member-checking (Glesne, 2006). Eight of the 12 participants responded affirmatively, indicating that the transcript adequately captured his/her voice; three participants did not respond; one email was undeliverable.

As with survey data, co-researchers worked to establish inter-rater reliability of interview data. Two co-researchers with extensive qualitative research experience manually coded all transcripts several times, initially using descriptive-emergent codes then using analytic codes. Codes were categorized and organized into a hierarchical coding scheme, which was revised as analysis progressed. Two co-researchers with extensive quantitative research experience then read and shared comments on transcripts to provide fresh perspectives and to challenge investigators "whose closeness to the project frequently inhibits his or her ability to view it with real detachment" (Shenton, 2004, p. 67).

Additionally, the following strategies were used to enhance the trustworthiness of this study: peer scrutiny (when data and interpretations were shared with a person not affiliated with the project and feedback solicited); iterative questioning in survey and interview construction; frequent debriefing among co-researchers; memos (of process, content, interpretations, and researcher-subjectivity); and steps to help ensure honesty in informants (e.g., building rapport, explaining participants' right to withdraw from the study, emphasizing that researchers are not looking for a single "right" answer to questions) (Shenton, 2004).

## Findings

### Why Students Chose Not to Pursue Accommodations or Supports

Twenty-eight students indicated and then described in open-ended survey responses why they did not choose to pursue any accommodations or supports. Twelve students elaborated on their survey responses in the interviews. Responses included an array of internal and external factors, both positive and negative. The findings related to challenges and

barriers will be discussed elsewhere. In this paper, we discuss factors related to identity development, including independence, challenging one's self, accepting one's self, and stigma.

**Wanting to be independent: dealing with it on my own.** The most frequent explanation provided in surveys and interviews for not pursuing services was independence. Survey participant #89 wrote, "I want to go through college and succeed without Disability Services." According to survey participant #204, "I can succeed without the help." Interview participant #76 remarked, "I'm kind of used to just figuring it out on my own and advocating for myself, so in that sense I'm less dependent on others." In her interview, participant #541 explained that she did not seek supports from the disabilities office or student health services "because I wanted to be more independent about taking care of it." Interview participant #50 stated that he "was raised to take ownership." And survey participant #292 simply wrote, "I can deal with it on my own."

Other participants elaborated, offering reasons for wanting to be self-sufficient. For example, one survey participant mentioned the life-long implications of having a disability. She explained, "I need to work on taking care of my own health, as I will throughout the rest of my life" (participant #541). A different participant wrote about having high self-expectations and being solely responsible for the disability. She wrote, "I will not hold myself to a different standard than my peers. I will either learn to be more efficient or I will not graduate" (participant #308).

For other participants, dealing with it on their own did not mean absence of supports, it meant using self-employed supports. For example, one survey participant wrote, "The accommodations on my 504 plan (preferential seating, for example) are self-directed. I found and could independently do accommodations on my own" (participant #74). In her interview, participant #74 revealed an extensive array of strategies she had researched and said her reason for forgoing supports was a "sense of wanting to do it myself, independence. I knew I could ask for help if needed, not to ignore the condition I have [but] I want to find a way to do it." Another survey participant stated, "I have developed cognitive/behavioral strategies to cope" (participant #456). Interview participant #11 "read up on" her condition, learning the expected trajectory of her condition and that it went "hand in hand" with anxiety. Interview participant #207 described having taught herself an array of supports that included organization of materials and space, using to-do-lists and post-its, reading material multiple times, and structuring her environment so she has silence and can focus.

She gave an example that illustrated her strategy:

If I chew a certain flavor gum while I'm studying and then bring that gum with me and I chew it during the test, there's a connection there... It does work, and no one knows. I can do it very discretely.

Interview participant #272 noted that because no one had explained to her what dysgraphia is, she had to look it up, and "to this day, I will still look up information about it because there is a lot that's not known about it. I look at it quite frequently."

**Wanting to challenge myself: growing and overcoming my disability.** Other participants indicated that not using supports would help them manage their disability. As one survey participant believed, refusing to use note taking services, which he was permitted, would "assist myself in note taking skills" (participant #52). Similarly, another survey participant wrote, "I don't take extended testing time because I want to challenge myself to develop and sharpen my skills" (participant #207). In her follow-up interview, participant #207, a non-traditional student who had dropped out of high school and had been on her own since age 16, revealed that she was not assessed/diagnosed until college, after having achieved her GED on her own. She said that in middle and high school "teachers pushed me through" and that she had "no advocates in school or at home." As a result, she developed her own strategies for learning and success, resulting in a 3.92 GPA. After her diagnosis, she had "opportunity for extended time" but:

my worry is if I take that time, I'm going to know I have that time, and I won't be challenged ... I don't want my sense to dull ... I just want to keep that challenge there, so I'm on my toes and I'm being challenged.

Participant #44 stated in his interview that he had used support services while in community college, but does not use them now because:

I feel like I've just adapted and grown. I think I do as well as anyone else; better regular study habits, better time management, I write notes ... I really think I don't need them [adjustments] anymore ... I learned that my disabilities are all my responsibility. It's no one's absolute responsibility to do things for me. The bottom line is that it's my responsibility to do anything for myself and to seek out help that I need and things like that.

Survey participant #218, simply wrote that he did not use services because he "wants to grow out of the aids."

**Accepting self and acknowledging their evolving self-perceptions.** Related to the theme of independence is the theme of identity development, as these students with disabilities learn to navigate college and build their repertoires of college success strategies aside from or in addition to external accommodations for which they are eligible. Eight participants discussed this in their open-ended survey responses. Survey participants wrote, "I don't need them [accommodations]" (participant #204) and "I don't think it [supports] is necessary" (participant #141). Several survey participants indicated specific accommodations (e.g., extended testing time, lectures recorded, or notes provided) that they could have used but did not. Four survey participants compared their current need with past need, stating they did not need support "anymore" (participant #44), that "in high school I had extra time on tests; I don't need accommodations/supports in college" (participant #17), that "since I did not really use the accommodations in school, why would I need them in college?" (participant #11), or "I feel that I was able to manage my condition in undergrad and didn't need to use the services there, so I figure I would be good to go without them [as a graduate student]" (participant #156). In his interview, Participant #44 elaborated on this theme of not needing services: "I guess I like to be the person I am now and not always have to bring that up." Participant #206 wrote, "I am at the same pace as everyone else so I do not need extra help." Participant #44 wrote, "I am proud of my accomplishments and feel good about not having help ... I feel like I've just adapted and grown. I think I do as well as anyone else."

Participant #207 demonstrates the evolution toward self-acceptance:

I basically have accepted it [her disability] because I tried so hard to change it and I just have accepted that that's the way God made me ... I [felt it was a weakness]. I was really upset. I got the papers back from all the testing [evaluation] and I cried. I saw it on the paper and it was like I knew there was something wrong. I just had to process it. I had to absorb it and be like "Ok, how can we fix this? How can we deal with this?"

Two other participants illustrate this evolution. Participant #272 discusses self-compassion.

I've learned to be really patient with myself and realize that things are going to take me longer than it's going to take someone else. Just like ac-

cept. I've learned to accept the fact that it's going to take me twice as long to do something.

Participant #325 explains that it is alright to ask for assistance.

Everything with this is just you have to be aware of it and okay with yourself. It took me a long time to get there. But since I've been like this as long as I can remember, I had time to get there ... As I'm getting older, I'm realizing more and more that it's okay to ask for help. It's like a private thing that I'm very, I like to be self-sufficient and independent. I don't like to bother other people with my problems. I think as I'm getting older, I'm kind of realizing that it's okay to need help.

### **Wanting to avoid the stigma of having a disability.**

Some participants identified perceptions that resulted in not disclosing and/or seeking services, such as embarrassment. Several participants identified stigma directly as a factor in their decisions to access services: "I don't like the stigma" (participant #218); interview participant #272 gave up using assistive technology in the classroom because "there was too much stigma attached to it;" and interview participant #50 expressed his belief that "society sees ADHD as negative with a stigma attached."

Other participants identified specific concerns that demonstrate stigma was a factor in their decisions to not access services. For example, several discussed feelings of embarrassment about being singled out. "I would ask not to be taken out of the classroom. One, because it's embarrassing to have to leave when other kids are staying. Everyone sees you get up and leave with another teacher. That was always embarrassing" (participant #76). Participant #272 concurred:

when [professors] state that there's no computers in the classroom, I don't want to go ask for their permission to use it because 'Why is she using a computer?' kind of thing. I feel like somehow there will be a stigma attached if I'm the only one in the classroom using a computer.

The theme of embarrassment arose and was expressed in other ways, particularly when a participant did not know a professor well. "It's awkward if I don't know a professor well and they don't know that I have diabetes, having to be like 'Oh, can I take this test later?'" (participant #541). "It's not so much a secret, it's just that I don't go into classes thinking that or making it known for the purpose of getting anything out of it. I don't tell people to get adjustments or

things like that" (participant #44). Survey participant #138 stated, "I feel belittled if people know I need accommodations."

Several participants noted that their awareness of the stigma was imposed on them by others' perceptions that they could not do what they wanted to do or were told they were limited, when maybe they were not (paraphrased from participant #74).

I was actually told by my advisor in the Department that maybe college wasn't cut out for me and that I need to figure out personal problems before I could continue in this track. So I basically had no choice but to switch [majors] (participant #272).

Not that I need special exceptions made, but just... I have a professor who one time told me I should maybe think about switching my major because I forget to hand things in. That, to this day, makes me so angry because I know I'm going to be a dang good teacher. I'm 100% sure of that. It just made me so mad because depression can actually make you lose your memory (participant #325).

Sometimes disclosing isn't always the best idea. It's backfired on me... In college when I disclosed that I had a learning disability, it was suggested that I probably shouldn't be going to college – that I definitely shouldn't be in the field of special education (participant #76).

These findings are consistent with and add to previous research. Several studies present similar outcomes related to reluctance to disclose one's disability and attitudes toward requesting accommodations. These include students' desire to exert independence, avoid stigma, and be normal (Barnard-Brak et al., 2010; Black et al., 2015; Cole & Cawthon, 2015).

## **Discussion**

The participants in this study present themselves as doing the developmental work of emerging adulthood, that is "*accepting responsibility for one's self and making independent decisions*" (Arnett, 2000, p. 473). Our informants further place this developmental work in a context in which other domains of identity are developing concurrently, such as development of emotional and interpersonal competence, intellectual competence, and instrumental independence (Chickering & Reisser, 1993). These co-occurring processes are critical in moving an individual toward developing interdependence, understood on one level as

knowing when to rely solely on oneself and when to ask for help. As our study participants demonstrate, their understanding of themselves as capable college students, emerging professionals, and adults in development are at various stages. Moreover, these understandings co-occur with their deepening acceptance of themselves as persons with disabilities that are “‘part’ of who they are - not entirely who they are” (Gibson, 2006, p. 6).

The psychosocial development of students with disabilities is typical. Many of our participants said they want to “be normal” and their experiences suggest that they are “normal.” Their struggles are similar to the struggles of any college student. Yet, they feel that they are different. Moreover, many participants imply that being different than their typical peers implies that they are deficient. They often describe their disability as a hindrance, something that could be outgrown or should be overcome. Such thinking is dualistic, positioning disability and non-disability as antithetical.

This deficit-based misperception likely emerges from the way that students with disabilities, and those without, are socialized. Our educational systems, secondary and postsecondary, support a culture where categorization is rampant, and being “normal” is perceived as the goal of development. This creates groups that are considered “the other,” and students expend a great deal of effort to not be perceived as a member of those “other” groups. Moreover, the findings in this study reveal that most college students with disabilities are directly influenced by stigma, either actual or perceived. Here, participants reported perceptions about individuals with disabilities being negative and limiting. This, too, likely contributes to deficit-based thinking.

Additionally, college students with disabilities are saying that they want to be independent. They describe independence as acting in autonomous ways. More specifically, participants associate independence with individual effort. They discussed wanting to deal with their disabilities on their own and not wanting to rely on others. Some participants have experienced academic success when using “self-employed” and “self-directed” strategies. Others have not and are willing to sacrifice their degree rather than depend on outside services that they deem unearned because they provide an unfair advantage over individuals without disabilities. Participants appear to mis-perceive students without disabilities as being successful academically without receiving help from others or utilizing campus resources.

Interestingly, not all participants were focused on how society defined “being normal” or “being inde-

pendent.” Some were coming to understand themselves as complex human beings with disabilities, and who constantly evolve. They described their experiences as opportunities for growth and adaptation. They also shared about how they have come to accept themselves, indicating that having patience with one’s self and asking for help were assets. As these examples indicate, development is not linear and does not happen in isolation. Nor does it occur in only one domain to the exclusion of all others while attaining some level of “completion.”

### **Disability Identity Development**

Gibson (2006) presented her Disability Identity Development Model as a means of helping service providers understand people with lifelong disabilities. Gibson frames disability as one dimension of identity (as are ethnicity, gender, and sexual orientation), and notes that disability identity development is a fluid process; though presented as three stages, her model is consistent with the recognition among other contemporary identity theories that “disequilibrium,” “life changes,” or “dissonance” (Torres et al., 2009, p. 582) can lead an individual to view oneself in a manner thought to have been discarded in an earlier stage. In Gibson’s three-stage model, the second stage – Realization – is posited as occurring in adolescence/early adulthood. In this stage one sees oneself as having a disability, feels self-hate, asks “Why me?,” is concerned with one’s appearance and how others see one, and exhibits the “Superman/Superwoman” complex (2006, p. 8). As the individual moves from this stage to the third stage – *Acceptance* – conceptualized as occurring in adulthood, the focus shifts to embracing self, seeing self as relevant, incorporating others with disabilities into one’s life, becoming involved in advocacy, and integration into the world of the majority those without disabilities.

### **Intersectionality of Identity**

Torres et al., (2009) noted that:

intersectionality is described [by Dill & Zambra, 2009, p. 1] as “an innovative and emerging field of study that provides a critical analytic lens to interrogate racial, ethnic, class, physical ability, age, sexuality, and gender disparities and to contest existing ways of looking at these structures of inequality” (p. 588),

and that “intersectionality is also squarely focused on praxis...the intent and outcomes of an intersectional approach and analysis is the transformation of practice to address inequalities and promote social change” (p.

588). The responsibility for success in college does not belong solely to the person with the disability.

Whether students with disabilities are physically on campuses, at satellite campuses, or enrolled in online classes, it is their responsibility to self-advocate. At the same time, it is a shared responsibility to provide equitable experiences, which potentially lead to their success. Every member of the higher education community is their ally for inclusion. (Myers, Lindberg, & Nied, 2013, p. ix)

### **Limitations**

As with much of social science research, we realize that our investigation was limited in scope. We investigated the stories and journeys of individuals at only one institution of higher education and documented their experiences. Moreover, inclusion criteria required participants to be enrolled in a professional preparation program, which excludes a large portion of student enrollment. Conclusions about participants' perceptions and experiences are compelling and important, yet not generalizable to the broader population of students with disabilities attending college. In order to add more depth to the current study, a broader investigation, on a larger scale, would need to be conducted to find out the more global experiences of college students with disabilities. Additionally, it would be important to explore why and how college students with disabilities succeed, with or without services and accommodations. With more research and data to examine the collegiate experiences of students with disabilities, institutions of higher education may be willing to make substantive changes to serve this population and college communities in general.

### **Implications for Practice and Future Research**

As noted above, our research revealed several important observations, and prompted more questions related to services for students with disabilities in college. Offering services to individuals with disabilities is required by law, but are these services that colleges and universities offer the wrong type, or are they perhaps offered in the wrong way? Are the perspectives and successful strategies that students with disabilities determine for themselves elicited and taken into account by student affairs professionals and/or faculty? Do students with disabilities take advantage of services that are already offered to all students (academic advising, career counseling, student health)? How are students made aware of the procedures to access accommodative and student services offered to all students? At present, institutional support sys-

tems exist that appear to be ill-fitted to the needs and desires of college students with disabilities. Through painful trial and error, participants came to self-identify supports and resources for academic success. This often occurred without the help of institutional support systems.

More inquiry is needed to deepen our understanding and rectify this situation. For example: What are the transition experiences of college students with disabilities? How are the experiences of college students with disabilities the same or different based on disability category, visible or invisible status, or prevalence? How are college students with disabilities acculturated to college? What additional services could be provided to all college students to assist their healthy development of self-determined adulthood?

Perhaps we (college faculty and professionals) need to redefine independence. Similar to the concept of normalcy, the idea of independence is likely socially constructed. Western societies, particularly the United States, prize autonomy and individuality. Such notions surface in schools as competition among students and ranking of students. In traditional schools, students have been trained to prize individual effort and knowledge over collective work and wisdom. For years, American society has proclaimed that to be independent, one of the greatest aspirations, is to stand on one's own two feet. Such a posture disregards that we also stand on the shoulders of those who came before us. To be clear, we, the authors, believe that independence is not one person doing everything on one's own. Rather, we believe that independence is using skills such as self-determination to achieve desired outcomes, and that independence occurs within an environmental context populated by helpers, mentors, or veterans of the processes. As such, we argue for a conceptual shift from independence to interdependence.

College faculty and professionals must examine their own preconceived notions of college students with disabilities and apply inclusive educational philosophies. College faculty and professionals can become more knowledgeable about identity development as a process, more aware of the services on campus and, most critically, use this information to modify the structure of their classes or interactions with individual students. As mentors, college faculty and professionals can be more explicit about the strategies and services they use, and have used, to be successful students and in defining who they are as individuals. College faculty and professionals can identify and implement processes that make disclosing disability and using services less stigmatizing.

For example, a student with a disability typically

must self-identify to college professionals in the accommodative services office, which then notifies the student's faculty of the presence of a student with a disability in the faculty member's classroom, as well as the need for particular accommodations. The faculty member is not considered a partner in this process, nor is the student encouraged to self-advocate directly with the faculty member. The two key members of this learning environment, the student and the faculty member, are disempowered by a process that treats the student's disability as something shameful that must not be openly discussed, and the faculty member's contribution as simply carrying out a legally required accommodation. It would seem that the expertise of the professionals in the accommodative services office would be better applied to educating faculty and students about disability, student and faculty rights and responsibilities, and preparing both for meaningful conversations about what best works for this student and how that accommodation can best be provided in this learning environment.

In sum, what we have learned from our participants leads us to believe that college faculty and professionals, and students with disabilities themselves, would benefit from identifying and building on the assets the students possess and have utilized throughout their educational journey. This would require open dialogue with a clear search for and focus on student strengths. The processes of asset-identification, self-advocacy, and collaboration can build self-confidence, interdependence, and a concomitant sense of "normalcy" for college students with disabilities.

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