

THE EFFECT STUDENTS IN EMOTIONAL DISTRESS HAVE ON
THEIR RESIDENCE HALL ROOMMATE

by

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Abstract

Since residence hall roommates can have a significant effect on the stress level of an individual, it was predicted that living with a roommate experiencing emotional distress could cause added stress due to the support needs of that roommate. For this study, emotional distress is defined as experiencing any of the following symptoms of common mental illness: excessive use of alcohol/drugs; working hard but getting poor grades; test anxiety; excessive tearfulness or crying; feeling misunderstood or mistreated; lost hope that life will improve; unresolved conflicts with others; feeling agitated or restless; having trouble memorizing; difficulty concentrating, focusing, or paying attention; bored or unhappy with life; loss of energy/fatigued; feeling shy or timid; excessive worry; change in nutrition or exercise habits; low self-esteem; difficulty trusting other people; lost interest in activities; changes in sleep patterns; no close personal friends (lonely); poor time management; mood swings; difficulty controlling angry thoughts or actions; anxiety attacks; depressed mood; and/or addiction concerns (Robertson, 2006).

A qualitative research study was done where five individuals were interviewed about their experience living with someone who was experiencing emotional distress. The participants' answers were evaluated and synthesized with prior research material. Further research could be done on this subject by utilizing quantitative research methods at multiple institutions and comparing the results with the institutions' policies and procedures for staff members. This research could result in a new manner in which to respond to students who are experiencing emotional distress and to their roommates in the residence halls.

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CHAPTER 1 - Introduction

At most universities, the mission of residence halls is to provide a supportive and learning-centered environment. However, there is only so much that residence staff members can do to provide this environment. Whether it is due to the inability to control the actions of students or rules and regulations, staff members are unable to prevent many stressful situations that students are put in while living in the residence halls. One of the commonly known stress-inducing situations is roommate conflict. The living experience in the residence halls can be anywhere from a nightmare to a dream come true; much of this depends on the student's relationship with his or her roommate. Roommate relationships are difficult to predict due to the unknown personality and tendencies of the individuals involved. With the increase in mental health issues in college students (Kadison & DiGeronimo, 2004), a roommate relationship could present stress-inducing situations that put pressure on a student.

There has been some research in the past few decades that has focused on depressed individuals and the effect they have on a significant other or family member. "Depressives and their significant others have stressful relationships and these unpleasant relations are instrumental in maintaining or exacerbating depressive episodes" (Siegel & Alloy, 1990, p. 361). Since roommates can have a significant effect on the stress level of a student, it is hypothesized that living with a distressed roommate could cause added stress due to the support needs of the roommate. "In the living environment, roommate conflict appeared to be a similar significant cause of stress for students...having a satisfactory relationship with a roommate was also a source of stress for students" (Dusselier, Dunn, Wang, Shelley, & Whalen, 2005, p. 7). The American College Health Association surveyed 29,230 college students in 2002 and found that 16.6 percent of the respondents felt that "concern for a troubled friend or family member" affected their academic performance.

Mental health disorders like depression have been labeled as "contagious" to significant persons in their life. This is said to be due to excessive reassurance seeking by those persons (Joiner, 1994). A study by Thomas E. Joiner, Jr. (1994) reported that a person who lives with a currently depressed person could be distressed enough himself or herself to warrant therapeutic intervention due to the constant needed support of the roommate. Joiner suggested that future

work be done on whether depressive vulnerability factors are activated by a significant person's depression.

The present study uses the term "emotionally distressed" instead of "depressed" due to the inability of the participant to identify whether or not depression was clinically diagnosed. Five individuals were interviewed about their experiences living with an emotionally distressed roommate in a college residence hall. The information collected in this study could provide a more thorough knowledge of the experiences of these students. Further research on this subject could result in providing more direct support services for students who are affected by an emotionally distressed roommate.

Background of roommate stressors

Residence hall staff, activities and events, support services, and roommate mediations are intended to transform the residence halls into a successful living, learning environment. Roommate conflicts are routinely about fairly predictable issues such as cleanliness and noise, although other significant issues tend to come up, such as drinking, having sex in the room/shower, and sharing of expenses. "Living in close quarters under the stress of academic pressure, sleeplessness, and noise heightens any potential tension. Roommates may squabble about playing loud music, keeping lights lit, cleaning bathrooms, borrowing clothing, or having boyfriends or girlfriends stay over, or about politics, religion, or morality" (Grayson & Meilman, 2006, p.108). The results of a study done by McCorkle & Mason (2009) indicated that 25 percent of college roommates experience significant conflicts.

Conflicts are almost inevitable when living with another person in a 12' x 12' room. Dusselier, et. al., (2005) reported that even a satisfactory relationship could be a source of stress due to the strain of maintaining the relationship. However, if more serious issues emerge, such as alcoholism, eating disorders, drug use, depression, and violence, there could be irreversible damage done to a roommate who is victim to observing or providing support during these issues.

Occurrence of mental illnesses in college students

Most college students face challenges as they transition from home life to an independent college life. These challenges affect some students differently from others and can result in the onset of a mental health disorder, most commonly clinical depression. "Depression is a common

psychiatric condition among college students, with onset corresponding to major life changes including increased social and academic pressures” (Duke, Kellgren, & Storch, 2006, p. 81). Depression can develop from common student identity challenges, including confusion, negative thoughts, and prolonged sadness. If a student goes to college with the thought that he or she must achieve a 4.0 GPA to feel any sort of self-worth and fails to obtain that goal, it is likely that the student could face an identity crisis with the possibility of depression-type thoughts (Kadison & DiGeronimo, 2004).

Because this is a time of developing autonomy, they face a challenge to their preconceived view about life – “I’m supposed to be smarter and stand out.” This confusion affects their identity as they struggle with the question, “If I’m not the best, who am I?” Sadly, some decide, “I’m a failure and a disgrace.” (Kadison & DiGeronimo, 2004, p. 37)

Once the student develops depressive thoughts, a mental health disorder can erupt that impairs him or her from achieving success in college. “Mental health problems can interfere with class attendance, concentration, memory, motivation, persistence, and study habits, to the point where functioning is significantly impaired” (Sharkin, 2006, p. 10). This can eventually end in a student withdrawing due to the fact that success in college is typically dependent on emotional and physical well-being. If these students are unable to access needed treatment, the likelihood of academic success is minimal. “Researchers have found that 5% of students prematurely end their education due to psychiatric disorders. The authors of that study estimated that an additional 4.29 million people in the United States would have graduated from college if they had not been experiencing psychiatric disorders” (Kadison & DiGeronimo, 2004, p. 162).

In their book *College of the Overwhelmed*, Kadison and DiGeronimo list seven common mental health disorders that plague college students: depression, sleep disorders, substance abuse, anxiety disorders, eating disorders, impulsive behaviors (including sexual promiscuity and self-mutilation), and suicide. However, most literature focuses on either depression or eating disorders; this focus is most likely due to the widespread attention of these disorders in the past few decades. The American College Health Association presented the following information in its 2007 survey of 20,507 students from across the nation; within the last 12 months, college students reported experiencing: depression (18.9%), anxiety disorder (13.1%), seasonal affective disorder (6.8%), substance abuse problem (3.6%), bulimia (2.0%), and anorexia (1.8%). These

statistics support Kadison & DiGeronimo's (2004) research, with the exception of sleep disorders, impulsive behaviors, and suicide. This discrepancy is most likely due to a difference in survey focus and/or questions. Similarly, Carlstrom, Kim, and Newton (2008) conducted a cluster analysis of college student distress and broke their results into five clusters: (1) mild distress, (2) elevated distress, (3) moderate to elevated distress, (4) academic distress, and (5) elevated distress (self-harm and substance concerns). The characteristics of the clusters were consistent with the problems that are being addressed in university counseling centers. The largest group of clients was the least distressed group, which was "mild distress," and the smallest group was "elevated distress (self-harm and substance concerns)."

It appears there has been a significant increase in the overall occurrence of mental health issues in college students throughout the past few decades. "According to the 2001 National Survey of Counseling Center Directors; 85 percent of center directors reported an increase in 'severe' psychological problems over the last five years" (Kadison & DiGeronimo, 2004, p. 153). Kadison & DiGeronimo (2004) also cited a recent study at Kansas State University by Benton, Robertson, Tseng, Newton, & Benton (2003) that found between 1989 and 2001, the number of students with documented depression doubled and the proportion of students taking psychiatric medications rose from 10 to 25 percent. The Kadison & DiGeronimo (2004) literature also provides reasons as to why the increase may be happening, such as societal awareness of mental health disorders, increase in availability and efficiency of treatment, and the increase of college student stress. On the other hand, several pieces of literature reported that the increase of students experiencing mental health disorders is most likely skewed due to students not realizing there is help available or denying that they have a mental health disorder altogether. Yorgason, Linville, and Zitzman (2008) found that 32% of students do not receive adequate information about mental health services available on their campus.

Increase in Severity

"Across several years, counseling center staff have perceived increases in levels of psychopathology and symptom severity among counseling center client populations...but when using more objective data researchers have found no differences in client distress levels over time" (Benton, et. al., 2003, p. 66). In the study done by Benton, et. al. (2003), results showed that in 14 of the 19 problem areas (i.e. relationships, stress/anxiety, family issues, physical

problems), clinicians reported increases in the percentages of individuals having difficulties. Benton, et. al. (2003, p. 69) found

that students who were seen in counseling services in more recent time periods frequently have more complex problems that include both the normal college student problems, such as difficulties in relationships and developmental issues, as well as the more severe problems, such as anxiety, depression, suicidal ideation, sexual assault, and personality disorders. Some of these increases were dramatic: the number of students seen each year with depression doubled over the time period, while the number of suicidal students tripled and the number of students seen after a sexual assault quadrupled.

Benton, et. al. (2003) suggested that the changing problem demands equivalent changes in training, staffing, resource allocation, administration, and clinical service provision.

Skeptics of the increase in severity

An article by Sharkin (2004) critiqued the Benton, et. al. article that explained their research that showed an increase in severity of university counseling center problems. Sharkin stated that there was a perception among college therapists that the severity of problems has been increasing, but there has been no actual evidence to show this. He did not think that Benton, et. al. solved this problem with their study. Sharkin's critique was on four main points: (1) perception on media and societal changes, (2) dichotomous questionnaire, (3) problem areas that were seen increasing can also be seen as common problems in the general college student population, and (4) the study only looked at students seeking counseling, not the entire population. Additionally, Rudd (2004) wrote an article that challenged the same issue but focused more on the developmental problems that most young adults go through and the availability of medications to young adults before they go to college. There seem to be no definitive data that suggest the increase or lack thereof. "It is unclear whether the rising numbers of students seeking treatment indicate that there are more mental health problems among college students or that a greater number of students are willing to talk about their problems and seek counseling" (American Psychiatric Association, 2009, p. 4).

What is emotional distress?

Due to the fact that it is difficult for a non-medical individual to identify when he or someone else has a specific mental health disorder, this study utilizes the term “emotional distress” as an overarching theme that includes the expression of any signs or symptoms of mental health disorders. The signs and symptoms of mental health disorders were modeled after a counseling intake survey, the K-State Problem Identification Rating Scale (see Appendix E). This survey is used to alert counselors to problem areas of the client and any problem areas that may need further examination (Robertson, 2006). For this study, K-PIRS was adapted to define emotional distress as experiencing any of the following symptoms of mental illness: excessive use of alcohol/drugs; working hard but getting poor grades; test anxiety; excessive tearfulness or crying; feeling misunderstood or mistreated; lost hope that life will improve; unresolved conflicts with others; feeling agitated or restless; having trouble memorizing; difficulty concentrating, focusing, or paying attention; bored or unhappy with life; loss of energy/fatigued; feeling shy or timid; excessive worry; change in nutrition or exercise habits; low self-esteem; difficulty trusting other people; lost interest in activities; changes in sleep patterns; no close personal friends (lonely); poor time management; mood swings; difficulty controlling angry thoughts or actions; anxiety attacks; depressed mood; and/or addiction concerns (Robertson, 2006).

Another reason the term “emotionally distressed” was used as an overarching term was due to the comorbidity of mental health disorders. Comorbidity is a concept that examines the relationships between mental health illnesses. “Every problem area is intertwined with every other, and nowhere are the mutual involvements more evident than with depression and anxiety. Students who are depressed or anxious are sure to struggle elsewhere – in their studies, in relationships, and with eating and substance use” (Grayson & Meilman, 2006, p. 113). It has been found that the likelihood of a person suffering from more than one illness is exceptionally high. “Mood disorders are frequently comorbid with other psychiatric and medical conditions, especially anxiety, substance-related, eating and personality disorders and chronic medical illnesses” (Dubovsky & Dubovsky, 2002, p. 60).

In a study done by Dubovsky and Dubovsky (2002), as many as 60% of patients with mood disorders treated in mental health settings were found to have had a comorbid psychiatric diagnosis, as did 30% of mood disorder patients treated in medical settings. Eighty percent of the psychiatric patients were comorbid with another medical illness (i.e. heart disease,

emphysema). The incidence of comorbidity of depression and anxiety is so high that some patients cannot tell the difference between the two. Many kinds of distress in depressed patients can be referred to as anxiety, and patients may describe various symptoms as anxiety at one point and depression at another. Approximately 70% of depressed patients report anxiety as a symptom.

Other mental illnesses also exhibit a high degree of comorbidity among themselves. “Bipolar is frequently comorbid with panic disorder and obsessive-compulsive disorder. Alcohol abuse or dependence occurs in 50% of patients with unipolar depression, 60% of patients with bipolar I disorder, and 50% of patients with bipolar II disorder. Major depressive episodes occur in 25%-50% of cases of schizophrenia. Between 30-70% of depressed patients with unipolar or bipolar disorder receive a concurrent diagnosis of a personality disorder” (Dubovsky & Dubovsky, 2002, p. 67). Grayson and Meilman (2006) reported that alcohol and other drug problems tend to mimic mental health disorders, coexist with them, and create them. The comorbidity of all of these mental health disorders creates an interesting dynamic when trying to determine which disorder a person has.

CHAPTER 2 - Review of Literature

The literature focusing on college students' mental health issues is limited. The few academic articles, essays, and books that are available most often focus on depression or eating disorders, merely examine coping strategies, and provide a brief overview of current treatments. There is literature focusing on emotional distress and roommate relations, but nothing that directly centers on the topic. However, the literature does present a thorough explanation of the types of disorders accompanying various challenges that students may face within the college environment.

Stress in college

Grayson and Meilman (2006) define stress as “psychological and physical arousal to the demands of life. A stressful situation is one appraised as taxing or exceeding one’s personal resources and endangering well-being” (p. 135). Stress in college is increasing as the demands of life pull students in multiple directions while putting pressure on themselves to stand out among their peers. In a recent survey by the ACHA, more than 92% of students report feeling overwhelmed occasionally by all that is required of them, and 33% report stress significant enough to interfere with their academic success, often resulting in dropped courses. If ignored or improperly coped with, the stress a student faces can develop into a mental health disorder. According to Sharkin (2006), the transition and adjustment to college which, for many, is a common developmental struggle is becoming more stressful than ever, resulting in mental health issues for many students. Furthermore, Dusselier, Dunn, Wang, Shelley, & Whalen (2005), reported that stress in college emerges as the highest barrier to student success and is a major contributor to other negative influences such as fatigue, depression, alcohol use, anxiety, and suicidal ideations.

Stress is not the only factor that results in mental health issues, but it is the leading factor with many college students. Other factors such as family history of mental health disorders, previous psychological problems, and lack of coping skills increase the chance of developing a mental health illness (Dusselier, et. al., 2005). Often, the environment, such as a residence hall, can play a large role in the amount of stress the student is experiencing. “Residence hall environmental factors played a prominent role in the amount of students’ self-reported stress.

Students who were unable to study in the residence halls experienced higher levels of stress” (Dusselier, et. al., 2005). There are also multiple variations to the severity and cause of stress in college. For example, Dusselier, et. al. (2005) found that women experienced greater stress than men when faced with a personal, health, academic, or environmental stress-inducing situation.

The effect of emotional distress on friends and family

Interpersonal models of depression demonstrate people with depression and their significant others have stressful relationships and that these relationships are significant in maintaining or intensifying an individual that is experiencing depression based episodes (Siegel & Alloy, 1990). Social support is often seen as a coping resource that aids or hinders the release of stress in various situations. Most humans need supportive relationships and to feel a sense of belonging within a social group. Fiske (2003) suggested that belonging is the core social motive in humans, underlying the motives to understand, control, self-enhance, and trust in others. These supportive relationships could be with a family member, friend, significant other, or someone else. Depending on the specific person, a disturbance of such a relationship could result in a serious crisis in the distressed individual’s life.

An extremely dependent relationship may overburden a support system to the point that the members withdraw their support from the distressed individual. “It appears that stressors can directly affect social support...social support can, under some circumstances, function as a mediator of the effect of stress on well-being” (Lepore, Evans, & Schneider, 1991, p. 907).

Coyne’s (1976) interpersonal theory of depression proposed that depressives engage in excessive reassurance seeking and thereby induce rejection from significant others...Coyne’s original study demonstrated that undergraduates’ moods were more depressed, anxious, and hostile after phone conversations with depressed patients than those of students who conversed with nondepressed patients (Joiner, 1994, p. 287).

The constant reassurance that a distressed individual may require could bring extreme stress to the support system. If the support system abandons the situation from the effect that it is having on his or her own life, the distressed person could find himself or herself in an even more distressing situation.

Joiner (1994) conducted a study that looked directly at roommates of depressed college students to test Coyne's (1976) interpersonal theory. "Consistent with prediction, roommates of depressed college students became more depressed themselves over the course of the 3-week study...reassurance seeking served as a vulnerability factor for the contagion effect...the present findings highlight the importance of viewing depression in its interpersonal context" (Joiner, 1994, p. 292). In this researcher's literature review, Joiner's study was the only evidence that confirmed the contagion effect of depression.

Legal issues

In an era when a significant percentage of college students are engaging in various forms of self-destructive behaviors, an increasing number of lawsuits are being filed against postsecondary institutions by families of students who committed suicide on campus. Several of the cases that were brought to court involved a prior act of self-destructive behavior that had been reported to student affairs staff members. All three cases were in the residence halls and the student in each case committed suicide after they had threatened to do so prior to the event. In *Jain v. State of Iowa* (2000) and *Schieszler v. Ferrum College* (2002), student affairs personnel were aware of the suicidal behavior but did not communicate the information to the student's parent. Similarly, *Shin v. MIT* (2005) involved a dean of students who notified the parents after the student's first suicidal threat, but not after subsequent reports of suicidal behavior. The legal issues that affect confidentiality on college campuses are mainly based within the Family Educational Rights and Privacy Act (FERPA), but there is a new legal term that is popping up in cases like these in the student affairs world: "special relationships" (Baker, 2009).

Special Relationships

Baker (2009) explores the possibility of a "special relationship" between university housing officials and a suicidal student. This issue has been addressed in several court cases of families of students who committed suicide. A "special relationship" imposes a duty to protect an individual based on their relationship; an example of this would be a parent-child or doctor-patient relationship (Cochran & Ackerman, 2004). If a court were to determine that a "special relationship" existed between a student and a university administrator who was aware of the student's suicidal tendencies, the administrator would have a duty to take "reasonable measures

designed to prevent a suicide” (Cochran & Ackerman, 2004). However, three judicial opinions in residence hall cases have been published in recent years that rejected the family’s argument that staff members had a general duty to supervise the residents. Because the housing contract did not specify that university officials would supervise the resident, there was not a clear case that there was a special relationship between the resident and the university (Baker, 2009).

Family Educational Rights and Privacy Act - FERPA

FERPA (see Appendix A) is a federal law that protects the privacy of student educational records. “FERPA establishes three basic rights for college students: the rights (1) to inspect their own education records; (2) to request that corrections to the records be made if the information in them was recorded inaccurately; and (3) to restrict the access of others to personally identifiable records unless one of a number of enumerated exceptions is at issue” (Kaplin & Lee, 2007, p. 269).

FERPA does have a few exceptions to the right to restrict access. For example, university officials are allowed to disclose otherwise protected information to parents or others when “knowledge of the information is necessary to protect the health or safety of the student or other individuals.” Unless state laws are more restrictive, this means that university officials are permitted but not required to inform appropriate individuals when a student’s behavior is thought to indicate a risk to health or safety....” (APA, 2009, p. 1). Therefore, a residence hall director’s report describing a student’s suicide attempt can be disclosed under FERPA to parents and other individuals in a position to protect the student from further harm (Baker, 2009).

Trust in the treatment process of mental health illnesses is based within the principle of confidentiality. This concern is especially prevalent for college students because they are developmentally transitioning from adolescence to adulthood and growing into their independence, which results in deciding who they can trust (Baker, 2009). If the student finds out that university officials contacted his or her parents, the university could lose the opportunity to help the student. In reality, many students do not turn to their parents at the onset of a mental health issue (Baker, 2009). Therefore, there tends to be a lack of communication within the family, leaving university officials in an awkward position that could lead to a lawsuit.

Confidentiality poses several concerns with respect to college students and parental notification. Within FERPA’s provisions, exceptions such as “health and safety” have been

brought forward that have created complications of how to define each exception. “More occasions seem to demand [exceptions] - the definition of imminent or significant danger is widened. Such chipping away at the foundation of confidentiality undermines the mental health service’s credibility and ultimately its ability to reach students” (Grayson & Meilman, 2006, p. 19). If this broadening effect continues, the entire purpose of confidentiality could be abolished.

Significance of this study

The literature that is presented in this study is evident of a gap in the research of the effect a college student suffering from a mental health illness can have on the success of their residence hall roommate. Several sources of literature were reviewed and demonstrated that roommates can be stressful to a college student (Dusselier, et. al., 2005) and roommate conflicts can induce stress and tension for a college student (McCorkle & Mason, 2009; Grayson & Meilman, 2006). There are also studies that have been done that focus on aspects such as the contagion effect of depression (Joiner, 1994) and the increase in mental health concerns among college students (Kadison & DiGeronimo, 2004). Even further evidence of the significance of the current study is the research that has been presented about a human’s need for supportive relationships (Fiske, 2003) and an individual with depression’s reassurance seeking behavior (Coyne, 1976). Combining all of the aforementioned topic areas presents an intriguing area of study. Moving forward with this topic will look at the effect that students in emotional distress have on their residence hall roommate.

CHAPTER 3 - Qualitative Research Study

Methods

This study included a qualitative interview that involved “human subjects.” Therefore, the study went through the approval process of the Institutional Review Board (IRB) at Kansas State University. The application for “research involving human subjects” was submitted for approval (see Appendix B).

Participants

The participants of this study were five former or current students who previously had a roommate in a university residence hall who expressed signs or symptoms of emotional distress. The only formal requirement for participation in the study was that the roommate who was suffering from the emotional distress be a former, rather than current, roommate. A semi-structured snowball sampling method, which is commonly used in qualitative studies, was used to recruit participants for the study (Gay, Mills, & Airasian, 2006). The researcher sent an e-mail to colleagues and friends requesting contact information of anyone they knew who fit the criteria (see Appendix C). The researcher then contacted the students explaining the study and what being a participant would entail.

All names have been changed to protect the confidentiality of the participants and their emotionally distressed roommates. They were from five different universities from across the United States. One participant went to a small private institution on the East Coast, and the other four participants were from medium to large public universities in the Midwest. The interviews occurred between March 1, 2010 and April 3, 2010. Four of the participants were females and one was male. Two participants were first-year students, one was a sophomore, one was a junior, and one was a senior. Three of the participants lived in traditional, community-style residence halls, one participant lived in a two-bedroom, four-person residence hall apartment, and one participant lived in a four-bedroom, four-person residence hall apartment. Every participant had one Resident Assistant (RA) living on his or her floor during the time he or she had an emotionally distressed roommate.

Instrument

Each participant received an informed consent form (see Appendix D) before the interview took place to ensure he/she was comfortable participating. The participant and researcher then set up a time for the interview to take place either via telephone or in person. A counseling center intake survey was adapted and used in the interview to ensure that the roommate was legitimately emotionally distressed. The counseling intake survey used was the K-State Problem Identification Rating Scales (see Appendix E). “The K-State Problem Identification Rating Scales (K-PIRS) are designed for use in college counseling centers at intake. As a screening instrument, it alerts counselors to problem areas that may need a more extensive examination during the clinical interview or through the use of standardized tests to specific symptom patterns” (Robertson, 2006, p. 9). K-PIRS includes seven “factors” or groupings of signs/symptoms: (1) Mood Difficulties, (2) Learning Problems, (3) Food Concerns, (4) Interpersonal Conflicts, (5) Career Uncertainties, (6) Self-Harm Indicators, and (7) Substance/Addiction Issues.

To ensure relevancy, 27 of the 50 signs or symptoms of mental health illness were selected to be utilized in the study. The participants of the study were asked to reply “yes” or “no” to observing any of 27 signs or symptoms while they were living with their roommates. The interview consisted of 10 questions and was 20 – 45 minutes in length. The interview included questions (see Appendix F) about the relationship that the participant had with his or her roommate, the signs and symptoms that he/she observed as emotionally distressing, and the specific and overall affect that the experience had on the participant.

Procedure

The participants were asked a series of questions (Appendix F) that involved the experience they had with an emotionally distressed roommate. The participants could have chosen not to answer any of the questions based on their comfort level. The researcher could have chosen to terminate the interview at any time due to the portrayal of severe emotional distress of the participant. The researcher debriefed the participants by explaining the outcomes of the interview and what would happen to the information that was collected.

Results

The results of this study reflect the responses of the participants, who were roommates of a student who they viewed as emotionally distressed. There were five participants: Jenny, Karen, Adam, Chelsea, and Emma (names have been changed to protect the participants' privacy). None of the results are in direct quotation of the participant due to restrictions that were set by the Institutional Review Board. The participants were asked to answer "yes" or "no" to a list of 27 signs and symptoms of emotional distress reflective of whether they observed their roommate exhibiting these things (Table 1.1 lists the signs and symptoms and which participant answered "yes" to each one).

Table 1.1 Signs and Symptoms of Emotional Distress

	Jenny	Karen	Adam	Chelsea	Emma
Use of alcohol/drugs	X	X	X		
Work hard, but get poor grades					X
Test anxiety				X	X
Excessive tearfulness or crying	X	X		X	X
Feel misunderstood or mistreated	X	X	X	X	X
Lost hope that life will improve	X	X	X	X	X
Unresolved conflicts with others	X	X	X	X	X
Feel agitated or restless		X		X	X
Trouble memorizing					
Difficulty concentrating				X	
Focusing or paying attention		X		X	
Bored or unhappy with life	X	X	X	X	X
Loss of energy; fatigued	X		X	X	
Feel shy or timid	X	X	X	X	
Excessive worry				X	X
Nutrition or exercise habits	X			X	
Low self-esteem	X	X	X	X	X
Difficulty trusting other people	X	X	X	X	
Lost interest in activities	X		X		
Changes in sleep patterns	X		X	X	
No close personal friends (lonely)	X	X	X	X	X
Time management				X	X
Mood swings		X		X	X
Difficulty controlling angry thoughts/actions	X			X	X
Anxiety attacks					X
Depressed mood	X	X	X	X	X
Addiction concerns (ex. Gambling, computer, etc...)		X	X		

Table 1.1 shows evidence that the roommate of the participants were emotionally distressed. The only sign or symptom that not one of the participants said “yes” to was “trouble memorizing.” This could be due to the fact that the participant was an outsider and was unaware whether the roommate had trouble memorizing. The signs and symptoms that all of the participants observed in their roommate were “feel misunderstood or mistreated,” “lost hope that life will improve,” “unresolved conflict with others,” “bored or unhappy with life,” “low self-esteem,” “no close personal friends (lonely),” and “depressed mood.”

An interview was conducted with Jenny on March 1, 2010. Jenny was a senior at a medium-sized Midwestern university and had met Allison during the prior semester. Allison was upfront about her suicidal tendencies and depression; she told Jenny that she felt like she

could trust her. Allison had been treated in the past but did not think that it worked. They never developed a friendship, just a dependent relationship. Allison latched onto Jenny and Jenny would encourage her to seek help, but Allison refused. Allison would give Jenny her razor blades and ask her to hold them so she did not hurt herself. Jenny did not want to be in her room and felt that the situation greatly affected her sleep patterns. Jenny felt very weighed down and would cry about the situation. Jenny said she felt anxious because she could not help Allison. Jenny lost weight that year because she worried so much about Allison. Jenny felt angry with Allison because of her dependency and she ended up seeking help from a counselor five or six times during the year she lived with Allison. On weekends, Jenny would try to sleep at a friend's house. Allison would text her and Jenny would feel so bad that she would change her weekend plans. Jenny said that at times, she felt like Allison was her child and she always had to make sure that she was safe. She made sure that people were checking in on Allison when she was out of town. Overall, Jenny felt that Allison was extremely invasive on her time. The RA knew what was happening and supported Jenny as well as Allison. Jenny, the RA, and the Hall Director went to the counseling center together and prepared an intervention.

Karen was interviewed on March 3, 2010 about her freshman year. Karen did not know Barb before they moved into their residence hall room at a Catholic institution on the East Coast. Karen thought they would be friends, but they were very different. Barb was not receiving treatment for her emotional distress. Karen felt obligated to help Barb because Barb seldom opened up to anyone. Opening up to other people at the university was difficult for Barb because she was not Catholic but attended a Catholic-affiliated university. She told Karen that she felt like people were judging her for this. Karen felt that there was tension in their friend and roommate levels. She was concerned for her and wanted to help her; she felt helpless to the situation. Barb would go out to bars with a fake ID and bring random men back to their room with her at the end of the night. Karen said that she would take care of Barb when she got sick after a night of drinking. The other women on their floor kept their distance from Barb because of the way she portrayed herself and the drama that was involved in her life. Karen did not know how she could help Barb because if she approached a residence hall staff member, Barb would get kicked out for breaking the conservative rules of the private college.

An interview was conducted with Adam on March 26, 2010. Adam was a first-year student at a Midwestern university and randomly paired in a room with George. When they

moved in at the beginning of the year, they found that they did not have much in common. Adam and George got along fine but never developed a close friendship. George struggled a great deal with his academics and gave up during his second semester. He also drank alcohol and smoked marijuana on many occasions. Adam said he came home one night and George had drunk 18 cans of beer – by himself. George was also addicted to online gambling. He never went to classes. Adam went along with George by attending parties and playing games, which resulted in him not doing as well as he could have academically. Adam did not feel worried or stressed about his roommate's wellbeing. Adam felt that George was just experiencing some rough times and was a little odd. The residence hall staff did not know what was going on with George.

Chelsea was interviewed on March 26, 2010, and reported information about an emotionally distressed roommate, Hannah, during her time at a medium-sized public institution in the Midwest. Chelsea did not know Hannah prior to moving into the residence hall; she and another friend paired up with Hannah and her friend in a two-bedroom, four-person residence hall apartment. Hannah told Chelsea that she had previously been diagnosed with mild bi-polar disorder but was not receiving treatment. Chelsea would avoid coming home if she knew that Hannah was in one of her moods. Hannah would get very down, sometimes about romantic relationships, but to an extreme. She would often talk about the fact that she thought she was ugly and fat. Hannah refused to talk to anyone about the problems she was having. Chelsea never felt like she was able to help, but she spent a great deal of time trying. Hannah told Chelsea that she was the only person she could talk to. Chelsea felt very frustrated that she couldn't help Hannah and that Hannah wouldn't go and get help. Sometimes, Hannah's emotions resulted in Chelsea feeling bad about herself and disappointed that she couldn't help Hannah. Other residents knew about Hannah's tendency to get angry. There was no residence hall staff that approached any one in the apartment to offer help.

Emma was interviewed on April 3, 2010. Emma was entering her junior year at a medium sized university in the Midwest and lived in a four-bedroom, four-person apartment in the residence halls. Emma was an acquaintance of Samantha before they lived together; they were members of the same organization. Emma knew that Samantha had just broken up with her boyfriend and needed support. Samantha did not receive treatment of any kind during the time she lived with Emma. Emma thought that it was normal post-breakup emotions, but it didn't get

better. Emma tried to be supportive but never felt that Samantha would even try to get better. It was very emotionally taxing for Emma to try to help Samantha. Emma did not want to be around Samantha. Emma encouraged Samantha to get help several times, but Samantha refused. Emma completely avoided their apartment and felt weighed down if she had to listen to Samantha. It stressed Emma out when she felt like she couldn't go to the apartment because she was afraid Samantha would corner her. Many of the other residents and Resident Assistants knew of Samantha's problems because she would latch on to anyone who would listen. Emma approached an RA about her frustrations once but was never asked about it again.

Summary of Responses

The participants in the study all expressed that they were affected negatively by the experience of living with an emotionally distressed roommate. Of the participants, only one was supported by the residence hall staff. Only two of the five participants knew their roommate before they lived together. The participants revealed various concerns during their interview about the negative living environment. The individual experiences of each participant varied on which emotions his or her roommate was experiencing. Four of the five participants asked his or her roommate to seek professional help, but all of the roommates refused. Three of the five participants were a key support system for the emotionally distressed roommate.

CHAPTER 4 - Discussion

After reviewing the literature and the responses of the participants of this study, many conclusions can be drawn. The original prediction of this study was correct in that there is an effect on the roommate of a student who is suffering from emotional distress. This effect is negative in nature for the participants of the study. “Troubled students trouble others as well. They ruin suitemates’ sleep and studying, disrupt class discussions, and make friends monitor their safety and keep secrets about their self-destructive behavior” (Grayson & Meilman, 2006, p. 14).

Other conclusions are that there is a significant amount of stress that is put on the student who has a roommate suffering from emotional distress and that the student feels a sense of responsibility to support their roommate during their distress. “Communal relationships are characterized by rules or norms that people should respond to the needs of others and expect others to do the same for them; in these relationships, people feel obligated or responsible for meeting the needs of others” (Crocker & Canevello, 2008, p. 572). Of the participants of this study, both Jenny and Chelsea reported that their roommates were dependent on their support. This dependency resulted in increased stress in their lives.

Many publications about college student mental health encourage roommates and friends of the distressed to take action. This can lead the roommate or friend to feel responsible for taking care of the distressed student.

If you have a depressed roommate, it can be very distressing...students may feel powerless in their attempts to help. Carrying on as usual might not be the best response because that might leave the depressed individual feeling invisible...stay connected and supportive without getting drawn into the depression. (McClain, 2009, Life with a Depressed Roommate section)

Even something as simple as encouraging the distressed student to seek help at a counseling center can be a very daunting task. In Jenny, Chelsea, and Emma’s cases, this caused a great deal of stress because their emotionally distressed roommates refused to seek the help they were recommending.

Recommendations for Future Practice

The participants of this study reported little to no support from their residence hall staff. Jenny was the only participant who found solace in her Resident Assistant. Of the other participants, either the staff did not know that the resident was emotionally distressed or the staff did not give support to the roommate who was supporting that resident. A recommendation for future practice would be for student affairs professionals to think about the larger picture of how students who are emotionally distressed affect their community, especially their roommate. From both the literature and study results, students are affected by a roommate who is suffering from emotional distress. As the student supports his or her distressed roommate, they may not be receiving the support that they need.

One suggestion is to have a protocol in place for the RA to provide support to the roommate of the emotionally distressed student. This could be as simple as checking in periodically or as complex as having intentional conversations with the roommate about how they are feeling. This would be difficult if the RA did not know that someone was experiencing emotional distress, so it is suggested that something be done in the case that the residence hall staff know that a student is experiencing emotional distress. Another suggestion is to provide programming in the hall about resources that are available for roommates that are stressed out about friends or family's emotional well-being. The RA could provide information on how to provide support to someone, but at the same time distancing himself or herself from the student so as to not let it affect the RA as well.

Another recommendation is for student affairs professionals to be cognizant of the stress that a student is experiencing from supporting others in his or her life. Whether it is a roommate, family member, or friend, research shows that supporting an emotionally distressed individual is a stressor. If a student affairs professional knows that a student is suffering from emotional distress, they should consider making an effort to find out whom that student's support system is and whether they are receiving the support that they need. Look for students who seem to be watching out for someone or checking-up on them frequently. Another sign could be that the student is clearly showing signs of distress. When the student is asked how he or she is doing and the student says that his or her mother is depressed, student affairs professionals should respond to this in a manner similar to if the student themselves was depressed.

Recommendations for Future Research

A future research topic that surfaced during this study is how gender differences affect emotional distress on the residence hall roommate. The difference in Adam's experience compared to the four female responses was notable in that Adam did not feel an immediate need to support his roommate and did not seem to be affected to the degree that the female participants were affected. In a study done by McCorkle and Mason (2009), it was found that 24 percent of students reported roommate issues, with females more likely to report experiencing a problem than males. It is recommended that future research be done about the possible gender differences in roommate relationships.

Another future research area is to study the effect that the severity of symptoms of emotional distress and the readiness of treatment for the distressed have on the roommate. The interviews that were done in this study brought up interest in further researching these areas due to the variation between the individuals studied. A study similar to the current study that focuses more on these areas and goes into depth about the specific causes of the effects could be conducted. A suggested manner in which to conduct this study would be triangulation, which would require interviewing the student in emotional distress, the roommate, and perhaps a residence hall staff member. This methodology would possibly bring forth an interesting result.

A common first-year stressor, as reported by Grayson and Meilman (2006), is "living closely with others who may be undergoing personal difficulties" (p. 138). Another topic for future research is the first-year experience of living with a roommate who is emotionally distressed, specifically if the students did not know each other. With all of the stressors that college students are facing, is it fair that they be held responsible for a roommate that may have been randomly assigned at the beginning of the year? "Research has shown that freshmen are influenced by their roommates; the wrong pairing can contribute to poor grades, as well as wreak emotional havoc" (Hays, 1987, para. 6). However, this may not always be the case; in a study done by McEwan and Soderberg (2006) first-year residence hall assignments were the focus of a study on whether there was a correlation between SAT scores of a student's roommate and academic success in the first-year. They utilized data from four classes of students entering Wellesley College, a selective liberal arts institution in the Boston area that enrolls about 2,300 female undergraduates. The researchers' results were consistent to previous studies, which found no evidence of the level of SAT score affecting the GPA of the peer roommate. The

researchers recommended that their findings had mixed results and should not be made into a generalization of other institutions.

In regards to legal issues within this topic, research should be done on when a roommate should be contacted in the “health and safety” exception of FERPA. It is intriguing to think about the difference between calling a parent and contacting a roommate when a student threatens or attempts suicide. Further research should be done about the effect that residence hall staff members can have in collaborating with the roommate to ensure the health and safety of the distressed student.

Conclusion

Students in emotional distress have an effect on their residence hall roommates. This report demonstrates that this issue should be addressed in the residence halls. A student who is randomly paired with a roommate who is emotionally distressed could also become distressed and student affairs professionals need to ensure that this student is receiving the support that he or she needs. College students experience an immense amount of stress as they transition into adulthood and are at risk of mental health problems (Kadison & DiGeronimo, 2004). If an emotionally distressed roommate is added to that stress, the results could increase the risk of mental health problems or decrease the level of success for that student. There are protocols and resources in place for students who are emotionally distressed. Therefore there should be protocols and resources in place for the students who are affected by the emotionally distressed student.

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Appendix A - FERPA

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

§ 99.5 Disclosures to parents and rights of students. Under current regulations, all rights of parents under FERPA, including the right to inspect and review education records, to seek to have education records amended in certain circumstances, and to consent to the disclosure of education records, transfer to the student once the student has reached 18 years of age or attends a postsecondary institution and thereby becomes an "eligible student." Current regulations also provide that even after a student has become an "eligible student" under FERPA, postsecondary institutions (and high schools, for students over 18 years of age) may allow parents to have access to their child's education records, without the student's consent, in the following circumstances: *the student is a dependent for Federal income tax purposes (§ 99.31(a)(8)); the disclosure is in connection with a health or safety emergency under the conditions specified in § 99.36 (i.e., if knowledge of the information is necessary to protect the health or safety of the student or other individuals (§ 99.31(a)(10))); and for postsecondary students, the student has violated any Federal, State or local law, or any rule or policy of the institution, governing the use or possession of alcohol or a controlled substance, if the institution determines that the student has committed a disciplinary violation regarding that use or possession and the student is under 21 at the time of the disclosure (§ 99.31(a)(15)).*

§ 99.36 Health and safety emergencies. Current regulations state, in part, that an educational agency or institution may disclose personally identifiable information from education records to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. The current regulations also state that the health and safety emergencies provisions must be "strictly construed."

The final regulations remove the language requiring strict construction of this exception and add a provision that says that, in making a determination under § 99.36, an educational agency or institution may take into account the totality of the circumstances pertaining to a threat to the safety or health of the student or other individuals. If the school determines that there is an articulable and significant threat to the health or safety of a student or other individuals, it may disclose information from education records to appropriate parties whose knowledge of the information is necessary to protect the health and safety of the student or other individuals. In response to public comments, we revised the recordkeeping requirements in § 99.32(a)(5) by requiring an educational agency or institution to record the articulable and significant threat that formed the basis for the disclosure and the parties to whom the information was disclosed. If

there is a rational basis for the determination, the Department will not substitute its judgment for that of the educational agency or institution in deciding to release the information. Section 99.36 also provides that “appropriate parties” include “parents of an eligible student.” In response to public comments, the preamble to the final regulations clarifies the circumstances under which an educational agency or institution may release without consent an eligible student’s “treatment records” for purposes other than treatment.

These changes were made as a result of issues that were raised after the Virginia Tech tragedy in April 2007. In the first instance, the Secretary determined that greater flexibility and deference should be afforded to administrators so that they can bring appropriate resources to bear on circumstances that threaten the health or safety of individuals. With regard to the second amendment adding “parents” to those considered an “appropriate party,” this change will clarify to colleges and universities that parents may be notified when there is a health or safety emergency involving their son or daughter, notwithstanding any FERPA provision that might otherwise prevent such a disclosure.

Appendix B - Institutional Review Board Application

FOR OFFICE USE ONLY: IRB Protocol # _____ Application Received: _____
Routed: _____ Training Complete: _____

Committee for Research Involving Human Subjects (IRB)

Application for Approval Form

Last revised on March 2008

ADMINISTRATIVE INFORMATION:

- **Title of Project:** (if applicable, use the exact title listed in the grant/contract application)
The Effect Students in Emotional Distress have on their Residence Hall Roommate

- **Type of Application:**
 New, Addendum/Modification,

- **Principal Investigator:** (must be a KSU faculty member)

Name:	Dr. Christy Moran Craft	Degree/Title:	Assistant Professor
Department:	College of Education	Campus Phone:	785-532-5940
Campus Address:	321 Bluemont Hall	Fax #:	785-532-7304
E-mail	ccraft@k-state.edu		

- **Contact Name/Email/Phone for Questions/Problems with Form:** Stephanie Caron, scaron@ksu.edu, 218-209-7861

- **Does this project involve any collaborators not part of the faculty/staff at KSU?** (projects with non-KSU collaborators may require additional coordination and approvals):
 No
 Yes

- **Project Classification** (Is this project part of one of the following?):
 - Thesis
 - Dissertation
 - Class Project
 - Faculty Research
 - Other: Master's Report

- **Please attach a copy of the Consent Form:**
 Copy attached
 Consent form not used

- **Funding Source:** Internal External (identify source and attach a copy of the sponsor's grant application or contract as submitted to the funding agency)

<input type="checkbox"/> Copy attached	<input checked="" type="checkbox"/> Not applicable
--	--

- **Based upon criteria found in 45 CFR 46 – and the overview of projects that may qualify for exemption explained at <http://www.ksu.edu/research/comply/irb/about/exempt.html>, I believe that my project using human subjects should be determined by the IRB to be exempt from IRB review:**
 No
 Yes (If yes, please complete application including Section XII. C. 'Exempt Projects'; remember that only the IRB has the authority to determine that a project is exempt from IRB review)

If you have questions, please call the University Research Compliance Office (URCO) at 532-3224, or comply@ksu.edu

Last revised on March 2007

Human Subjects Research Protocol Application Form

The KSU IRB is required by law to ensure that all research involving human subjects is adequately reviewed for specific information and is approved prior to inception of any proposed activity. Consequently, it is important that you answer all questions accurately. If you need help or have questions about how to complete this application, please call the Research Compliance Office at 532-3224, or e-mail us at comply@ksu.edu.

Please provide the requested information in the shaded text boxes. The shaded text boxes are designed to accommodate responses within the body of the application. As you type your answers, the text boxes will expand as needed. After completion, print the form and send the original and one photocopy to the Institutional Review Board, Room 203, Fairchild Hall.

Principal Investigator:	Dr. Christy Moran Craft
Project Title:	The Effect Students in Emotional Distress have on their Residence Hall Roommates
Date:	December 17, 2009

NON-TECHNICAL SYNOPSIS (brief narrative description of proposal easily understood by nonscientists):

For my Master's Report, I plan to study the effect that students in emotional distress have on their residence hall roommates. I plan on reviewing academic publications on both the effect depression has on the students themselves and the general effects that can happen to students living in a residence hall together. So far in my research, I have found that there is little to no literature that discusses mental health issues among those living in a residence hall as college students. I will read the book, "College of the overwhelmed: The campus mental health crisis and what to do about it" by Kadison and DiGeronimo (2004). This book was written as a resource for parents of college students to describe how they can help their student in these situations. The book relates to my report in the way that it goes over the mental health crisis that we are seeing and what we can do to help students. I have also found nine journal articles and website resources that relate to my report topic (see attached references).

I also plan to identify five students who had a roommate in the residence halls that had signs or symptoms of emotional distress. There will be no stipulation that they be current K-State students. The only formal stipulation is that they cannot currently be living in K-State's residence halls, as I feel that this would conflict with my graduate assistantship in housing. I will tell them I do not want to know their roommate's name and that it should be a past roommate/situation. I plan to identify these five students through a semi-structured snowball research method. I will interview (see attached questions) these students about their experiences living with someone with signs of emotional distress in the residence halls. After completing the interviews, I will compile the results into a chart to find themes or patterns. I will then analyze the results to find what effects this situation has had upon these students.

I. BACKGROUND (concise narrative review of the literature and basis for the study):

There has been some research in the past few decades that has focused on depressed individuals and the effect it has on a significant other or family member, but there is a gap in the literature in the effect that it may have on a roommate. "Depressives and their significant others have stressful relationships and [that] these unpleasant relations are instrumental in maintaining or exacerbating depressive episodes" (Siegel & Alloy, 1990). Since roommates can have a significant effect on the stress level of an individual, it is hypothesized that living with a depressed roommate could cause added stress due to support needs of the roommate. "In the living environment, roommate conflict appeared to be a similar significant cause of stress for students...having a satisfactory relationship with a roommate was also a source of stress for students" (Dusselier, Dunn, Wang, Shelley, & Whalen; 2005). The American College Health Association surveyed 29,230 college students in 2002 and found that 16.6 percent of the students felt that "concern for a troubled friend or family member" affected their academic performance.

Mental health disorders, such as depression, have been labeled as "contagious" to significant persons in their life. This is said to be due to excessive reassurance seeking by those persons. In a study by Thomas E. Joiner, Jr. (1994), it was reported that a person who lives with a currently depressed

person could be distressed enough themselves to warrant therapeutic intervention due to the constant needed support of the roommate. Joiner suggested future work be done on whether depressive vulnerability factors are activated by a significant person's depression.

The study for this proposal will focus on emotionally distressed students due to the inability of the roommate to identify whether or not depression was clinically diagnosed. The proposal includes an interview question that focuses on the signs and symptoms of depression that may have been present. I believe that this is sufficient for the information I would like to collect for this study.

References

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- Kadison, R. & DiGeronimo, T.F. (2004). *College of the Overwhelmed: the campus mental health crisis and what to do about it*. San Francisco, CA: Jossey-Bass.
- Siegel, S.J. & Alloy, L.B. (1990). Interpersonal Perceptions and Consequences of Depressive-Significant Other Relationships: A Naturalistic Study of College Roommates. *Journal of Abnormal Psychology, 99*, 361-373.

- II. **PROJECT/STUDY DESCRIPTION** (please provide a concise narrative description of the proposed activity in terms that will allow the IRB or other interested parties to clearly understand what it is that you propose to do that involves human subjects. This description must be in enough detail so that IRB members can make an informed decision about proposal).

A snowball sampling method, which is commonly used in qualitative studies, will be used to recruit participants for the study. The participants will receive an informed consent form (see attached) before the interview takes place to ensure he/she is comfortable participating. The participant and researcher will set up a time for the interview to take place (either via telephone or in person). The interview will not be recorded in any manner.

The participant will be asked several questions (see attached) that may prompt some follow up questions by the researcher. The participant can choose to not answer any of the questions based on their comfort level. The researcher may choose to terminate the interview at any time due to the portrayal of severe emotional distress of the participant.

The researcher will debrief the participant by explaining the outcomes of the interview and what will happen to the information that was collected. If the researcher feels that the participant could benefit from talking more with someone about the emotions that were conjured up during the interview, the researcher will refer he/she to the K-State Counseling Center.

The results of the interviews will then be compiled and assessed for commonalities. There will be no direct quotations included in the final report.

- III. **OBJECTIVE** (briefly state the objective of the research – what you hope to learn from the study):

I hope to gain information about the experiences of students who live with an emotionally distressed roommate and the effects of such experiences. The information will hopefully prompt future research areas.

IV. DESIGN AND PROCEDURES (succinctly outline formal plan for study):

A. Location of study:	Dependant upon location of interviewee, most likely telephone conversations, otherwise a room will be reserved in Bluemont Hall for the interview.
B. Variables to be studied:	Effects emotionally distressed residence hall roommate had on participant
C. Data collection methods: (surveys, instruments, etc – PLEASE ATTACH)	Interview (questions attached)
D. List any factors that might lead to a subject dropping out or withdrawing from a study. These might include, but are not limited to emotional or physical stress, pain, inconvenience, etc.:	Emotional distress from conjuring up past emotions and experiences or not having time to meet with researcher.
E. List all biological samples taken: (if any)	N/A
F. Debriefing procedures for participants:	The researcher will debrief the participant by explaining the outcomes of the interview and what will happen to the information that was collected. If the researcher feels that the participant could benefit from talking more with someone about the emotions that were conjured up during the interview, the researcher will refer he/she to the K-State Counseling Center.

V. RESEARCH SUBJECTS:

A. Source:	Snowball Sampling Method
B. Number:	Five
C. Characteristics: (list any unique qualifiers desirable for research subject participation)	Past roommate in the residence halls that exhibited signs and/or symptoms of emotional distress. Must not currently be living in K-State's residence halls.
D. Recruitment procedures: (Explain how do you plan to recruit your subjects? Attach any fliers, posters, etc. used in recruitment. If you plan to use any inducements, ie. cash, gifts, prizes, etc., please list them here.)	The snowball sample procedure for qualitative studies (selecting a few people who fit a researcher's needs through researcher's acquaintances and using those participants to identify additional participants, until five participants are found).

VI. RISK – PROTECTION – BENEFITS: The answers for the three questions below are central to human subjects research. You must demonstrate a reasonable balance between anticipated risks to research participants, protection strategies, and anticipated benefits to participants or others.

- A. **Risks for Subjects:** (Identify any reasonably foreseeable physical, psychological, or social risks for participants. State that there are “no known risks” if appropriate.)
The participant may become somewhat emotional from conjuring up past emotions or experiences during the interview.
- B. **Minimizing Risk:** (Describe specific measures used to minimize or protect subjects from anticipated risks.)
The researcher will terminate the interview if she feels that the participant is under severe emotional distress. She will also make referrals the Counseling Center in such cases.
- C. **Benefits:** (Describe any reasonably expected benefits for research participants, a class of participants, or to society as a whole.)
The participant could benefit from the interview by having the opportunity to express their feelings about the experiences he/she had with their roommate.

In your opinion, does the research involve **more than minimal risk** to subjects? (“Minimal risk” means that “the risks of harm anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.”)

Yes No

VII. CONFIDENTIALITY: Confidentiality is the formal treatment of information that an individual has disclosed to you in a relationship of trust and with the expectation that it will not be divulged to others without permission in ways that are inconsistent with the understanding of the original disclosure. Consequently, it is your responsibility to protect information that you gather from human research subjects in a way that is consistent with your agreement with the volunteer and with their expectations. If possible, it is best if research subjects' identity and linkage to information or data remains unknown.

Explain how you are going to protect confidentiality of research subjects and/or data or records. Include plans for maintaining records after completion.

The researcher will ask that the participant not share the name of their roommate and that a pseudonym will be used for the report. The participants name will never be used in any of the documentation used during the interview or in the final report (a pseudonym will be used). There will not be any direct quotations used from the interview in the final report.

VIII. INFORMED CONSENT: Informed consent is a critical component of human subjects research – it is your responsibility to make sure that any potential subject knows exactly what the project that you are planning is about, and what his/her potential role is. (There may be projects where some forms of “deception” of the subject is necessary for the execution of the study, but it must be carefully justified to and approved by the IRB). A schematic for determining when a waiver or alteration of informed consent may be considered by the IRB is found at <http://www.ksu.edu/research/comply/irb/images/slide1.jpg> and at <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm#46.116>. Even if your proposed activity does qualify for a waiver of informed consent, you must still provide potential participants with basic information that informs them of their rights as subjects, i.e. explanation that the project is research and the purpose of the research, length of study, study procedures, debriefing issues to include anticipated benefits, study and administrative contact information, confidentiality strategy, and the fact that participation is entirely voluntary and can be terminated at any time without penalty, etc. Even if your potential subjects are completely anonymous, you are obliged to provide them (and the IRB) with basic information about your project. See informed consent example on the URCO website at <http://www.ksu.edu/research/comply/irb/app.html>). It is a federal requirement to maintain informed consent forms for 3 years after the study completion.

Yes No Answer the following questions about the informed consent procedures.

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. Are you using a written informed consent form? If “yes,” include a copy with this application. If “no” see b. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. In accordance with guidance in 45 CFR 46, I am requesting a waiver or alteration of informed consent elements (See Section VII above). If “yes,” provide a basis and/or justification for your request. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | c. Are you using the online Consent Form Template provided by the URCO? If “no,” does your Informed Consent document has all the minimum required elements of informed consent found in the Consent Form Template? (Please explain) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | d. Are your research subjects anonymous? If they are anonymous, you will not have access to any information that will allow you to determine the identity of the research subjects in your study, or to link research data to a specific individual in any way. Anonymity is a powerful protection for potential research subjects. (An anonymous subject is one whose identity is unknown even to the researcher, or the data or information collected cannot be linked in any way to a specific person). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | e. Are subjects debriefed about the purposes, consequences, and benefits of the research? Debriefing refers to a mechanism for informing the research subjects of the results or |

conclusions, after the data is collected and analyzed, and the study is over. (If “no” explain why.)

The researcher will debrief the participant by explaining the outcomes of the interview and what will happen to the information that was collected. If the researcher feels that the participant could benefit from talking more with someone about the emotions that were conjured up during the interview, the researcher will refer he/she to the K-State Counseling Center

* It is a requirement that you maintain all signed copies of informed consent documents for at least 3 years following the completion of your study. These documents must be available for examination and review by federal compliance officials.

IX. PROJECT INFORMATION: (If you answer yes to any of the questions below, you should explain them in one of the paragraphs above)

- | Yes | No | Does the project involve any of the following? |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | a. Deception of subjects |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. Shock or other forms of punishment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c. Sexually explicit materials or questions about sexual orientation, sexual experience or sexual abuse |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | d. Handling of money or other valuable commodities |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | e. Extraction or use of blood, other bodily fluids, or tissues |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | f. Questions about any kind of illegal or illicit activity |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | g. Purposeful creation of anxiety |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | h. Any procedure that might be viewed as invasion of privacy |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | i. Physical exercise or stress |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | j. Administration of substances (food, drugs, etc.) to subjects |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | k. Any procedure that might place subjects at risk |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | l. Any form of potential abuse; i.e., psychological, physical, sexual |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | m. Is there potential for the data from this project to be published in a journal, presented at a conference, etc? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | n. Use of surveys or questionnaires for data collection |
- IF YES, PLEASE ATTACH!!**

X. SUBJECT INFORMATION: (If you answer yes to any of the questions below, you should explain them in one of the paragraphs above)

- | Yes | No | Does the research involve subjects from any of the following categories? |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | a. Under 18 years of age (these subjects require parental or guardian consent) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. Over 65 years of age |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c. Physically or mentally disabled |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | d. Economically or educationally disadvantaged |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | e. Unable to provide their own legal informed consent |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | f. Pregnant females as target population |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | g. Victims |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | h. Subjects in institutions (e.g., prisons, nursing homes, halfway houses) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | i. Are research subjects in this activity students recruited from university classes or volunteer pools? If so, do you have a reasonable alternative(s) to participation as a research subject in your project, i.e., another activity such as writing or reading, that would serve to protect students from unfair pressure or coercion to participate in this project? If you answered this question “Yes,” explain any <u>alternatives options</u> for class credit for potential human subject volunteers in your study. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | j. <u>Are research subjects audio taped? If yes, how do you plan to protect the recorded information and mitigate any additional risks?</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | k. <u>Are research subjects video taped? If yes, how do you plan to protect the recorded</u> |

information and mitigate any additional risks?

XI. **CONFLICT OF INTEREST:** Concerns have been growing that financial interests in research may threaten the safety and rights of human research subjects. Financial interests are not in them selves prohibited and may well be appropriate and legitimate. Not all financial interests cause Conflict of Interest (COI) or harm to human subjects. However, to the extent that financial interests may affect the welfare of human subjects in research, IRB's, institutions, and investigators must consider what actions regarding financial interests may be necessary to protect human subjects. Please answer the following questions:

- | | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | a. Do you or the institution have any proprietary interest in a potential product of this research, including patents, trademarks, copyrights, or licensing agreements? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. Do you have an equity interest in the research sponsor (publicly held or a non-publicly held company)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c. Do you receive significant payments of other sorts, eg., grants, equipment, retainers for consultation and/or honoraria from the sponsor of this research? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | d. Do you receive payment per participant or incentive payments? |
| | | e. If you answered yes on any of the above questions, please provide adequate explanatory information so the IRB can assess any potential COI indicated above. |

XII. PROJECT COLLABORATORS:

A. **KSU Collaborators – list anyone affiliated with KSU who is collecting or analyzing data:** (list all collaborators on the project, including co-principal investigators, undergraduate and graduate students)

Name:	Department:	Campus Phone:
Stephanie Caron	College of Education Graduate Student	785-532-3493

B. **Non-KSU Collaborators:** (List all collaborators on your human subjects research project not affiliated with KSU in the spaces below. KSU has negotiated an Assurance with the Office for Human Research Protections (OHRP), the federal office responsible for oversight of research involving human subjects. When research involving human subjects includes collaborators who are not employees or agents of KSU the activities of those unaffiliated individuals may be covered under the KSU Assurance only in accordance with a formal, written agreement of commitment to relevant human subject protection policies and IRB oversight. The Unaffiliated Investigators Agreement can be found and downloaded at (<http://www.ksu.edu/research/comply/irb/forms/invagree.pdf>). The URCO must have a copy of the Unaffiliated Investigator Agreement on file for each non-KSU collaborator who is not covered by their own IRB and assurance with OHRP. Consequently, it is critical that you identify non-KSU collaborators, and initiate any coordination and/or approval process early, to minimize delays caused by administrative requirements.)

Name:	Organization:	Phone:

Does your non-KSU collaborator's organization have an Assurance with OHRP? (for Federalwide Assurance and Multiple Project Assurance (MPA) listings of other institutions, please reference the OHRP website under Assurance Information at: <http://ohrp.osophs.dhhs.gov/polasur.htm>).

- No**
 Yes If yes, Collaborator's FWA or MPA # _____

Is your non-KSU collaborator's IRB reviewing this proposal?

No

Yes If yes, IRB approval # _____

- C. **Exempt Projects:** 45 CFR 46 identifies six categories of research involving human subjects that may be exempt from IRB review. The categories for exemption are listed on the KSU research involving human subjects home page at <http://www.ksu.edu/research/comply/irb/about/exempt.html>. If you believe that your project qualifies for exemption, please indicate which exemption category applies (1-6). Please remember that only the IRB can make the final determination whether a project is exempt from IRB review, or not.

Exemption Category: _____

XIII. CLINICAL TRIAL Yes No

(If so, please give product.)

Export Controls Training:

-The Provost has mandated that all KSU faculty/staff with a full-time appointment participate in the Export Control Program.

-If you are not in our database as having completed the Export Control training, this proposal will not be approved until your participation is verified.

-To complete the Export Control training, follow the instructions below:

Click on:

<https://online.ksu.edu/templating/courseHomePage/index.jsp?courseId=101464>

1. After signing into K-State Online, you will be taken to the Export Control Homepage
2. Read the directions and click on the video link to begin the program
3. Make sure you enter your name / email when prompted so that participation is verified

If you click on the link and are not taken to K-State Online, this means that you have already completed the Export Control training and have been removed from the roster. If this is the case, no further action is required.

-Can't recall if you have completed this training? Contact the URCO at 785-532-3224 or comply@ksu.edu and we will be happy to look it up for you.

Post Approval Monitoring: The URCO has a Post-Approval Monitoring (PAM) program to help assure that activities are performed in accordance with provisions or procedures approved by the IRB. Accordingly, the URCO staff will arrange a PAM visit as appropriate; to assess compliance with approved activities.

If you have questions, please call the University Research Compliance Office (URCO) at 532-3224, or comply@ksu.edu

INVESTIGATOR ASSURANCE FOR RESEARCH INVOLVING HUMAN SUBJECTS

(Print this page separately because it requires a signature by the PI.)

P.I. Name: Dr. Christy Moran Craft

Title of Project: The Effect Students in Emotional Distress have on their Residence Hall Roommates

XII. ASSURANCES: As the Principal Investigator on this protocol, I provide assurances for the following:

- A. Research Involving Human Subjects: This project will be performed in the manner described in this proposal, and in accordance with the Federalwide Assurance FWA00000865 approved for Kansas State University available at <http://ohrp.osophs.dhhs.gov/polasur.htm#FWA>, applicable laws, regulations, and guidelines. Any proposed deviation or modification from the procedures detailed herein must be submitted to the IRB, and be approved by the Committee for Research Involving Human Subjects (IRB) prior to implementation.
- B. Training: I assure that all personnel working with human subjects described in this protocol are technically competent for the role described for them, and have completed the required IRB training modules found at: <http://www.ksu.edu/research/comply/irb/training/index.html>. I understand that no proposals will receive final IRB approval until the URCO has documentation of completion of training by all appropriate personnel.
- C. Extramural Funding: If funded by an extramural source, I assure that this application accurately reflects all procedures involving human subjects as described in the grant/contract proposal to the funding agency. I also assure that I will notify the IRB/URCO, the KSU PreAward Services, and the funding/contract entity if there are modifications or changes made to the protocol after the initial submission to the funding agency.
- D. Study Duration: I understand that it is the responsibility of the Committee for Research Involving Human Subjects (IRB) to perform continuing reviews of human subjects research as necessary. I also understand that as continuing reviews are conducted, it is my responsibility to provide timely and accurate review or update information when requested, to include notification of the IRB/URCO when my study is changed or completed.
- E. Conflict of Interest: I assure that I have accurately described (in this application) any potential Conflict of Interest that my collaborators, the University, or I may have in association with this proposed research activity.
- F. Adverse Event Reporting: I assure that I will promptly report to the IRB / URCO any unanticipated problems involving risks to subjects or others that involve the protocol as approved.
- G. Accuracy: I assure that the information herein provided to the Committee for Human Subjects Research is to the best of my knowledge complete and accurate.

(Principal Investigator Signature)

(date)

Appendix C - Recruitment Email

Dear Colleagues and Friends:

I am currently doing research for my Master's Report (similar to a thesis) and am in need of some assistance. My report topic is "The Effect Students in Emotional Distress have on their Residence Hall Roommate." I have received approval from K-State to find five students to interview who fit my criteria. I thought the best way to do this would be to request your help in helping me identify these students. It's important for you to know that these should NOT be students who you have worked with due to confidentiality issues. These could be students you went to college with, friends, or family. I have attached the interview questions and the consent form that explains a bit more about the study.

The criteria of students I am interested in speaking with are the following:

- Former or current student from any university
- Must NOT currently be living in K-State's residence halls
- Lived in a traditional style residence hall room with a roommate who exhibited symptoms of emotional distress (i.e. extreme stress, excessive crying, depressed mood, anxiety, low self-esteem, etc...)
- Roommate must be a past roommate of the participant

Please send me an email with contact information of anyone that you think would fit these criteria and may be willing to talk with me about their experiences. I appreciate your help with my research and am looking forward to completing these interviews.

Thank you,

Steph

Appendix D - Informed Consent Form

KANSAS STATE UNIVERSITY INFORMED CONSENT

PROJECT TITLE: The Effect Students in Emotional Distress have on their Residence Hall Roommates

APPROVAL DATE OF PROJECT: January 19, 2010

EXPIRATION DATE OF PROJECT: January 19, 2011

PRINCIPAL INVESTIGATOR:

Dr. Christy Moran Craft
Assistant Professor, College of Education
Kansas State University
ccraft@ksu.edu
(785) 532-5940

IRB CHAIR CONTACT/PHONE INFORMATION:

- Rick Scheidt, Committee on Research Involving Human Subjects, 1 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224
- Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 1 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224

CO-INVESTIGATOR(S): Stephanie Caron, College of Education Graduate Student

SPONSOR OF PROJECT: N/A

PURPOSE OF THE RESEARCH:

The purpose of this study is to investigate the experiences that college students have when their residence hall roommate is emotionally distressed. The information collected will be used in a Master's Report by Stephanie Caron, Counseling and Student Development Graduate Student. The report will suggest areas of future research.

PROCEDURES/METHODS TO BE USED:

Participants are former or current college students who had a residence hall roommate that the participant viewed as emotionally distressed. The participants can be students of any university. Each of the five participants will engage in a one-time interview discussing their experiences. The interview will last approximately 45 to 60 minutes in location of your choice and will not be video or tape-recorded. The information collected will be reported in general terms and will not include any direct quotations.

ALTERNATIVE PROCEDURES THAT MIGHT BE ADVANTAGEOUS TO THE PARTICIPANT: N/A

LENGTH OF STUDY: The interview will be approximately 45 minutes long.

RISKS ANTICIPATED: There is a slight risk that this interview could bring forth past emotions that may have negatively affected you during this time in your life.

BENEFITS ANTICIPATED: You may benefit from participating in this study in the way that you will have a chance to talk through your experience with a roommate that was in emotional distress. This may help you work through some emotions or concerns you may have experienced. In turn, participating in this study could improve your emotional well-being.

EXTENT OF CONFIDENTIALITY: All information will be kept confidential. Only the investigator will know your identity as well as that of each of the other participants. You will be given a pseudonym that will be used during the analysis of the study and the report of the findings of this study. Your name will not be associated with your responses. The information collected during the interview will only be reviewed by College of Education faculty members Dr. Christy Moran Craft, Dr. Aaron Carlstrom, and Dr. Brandonn Harris and the K-State Graduate School. The final report will be posted on the Graduate Schools' K-State Research Exchange for Electronic Theses, Dissertations and Reports.

COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS: N/A

PARENTAL APPROVAL FOR MINORS: N/A

TERMS OF PARTICIPATION:

I understand that this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described and that my signature acknowledges that I have received a signed and dated copy of this consent form.

Participant Name: _____

Participant Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

Appendix E - K-PIRS Form B

For Office Use Only: Session # _____ Doctor # _____

Student ID# _____

Institution # _____

CLIENT EVALUATION OF COUNSELING

Please respond to this questionnaire as honestly and accurately as you can. Your responses will help evaluate counseling progress and outcomes. All information will remain confidential; no identifying information will be released.

I. Please estimate how much your problems are presently affecting the following areas of your life:

<u>Academic</u>	<u>Social</u>
1 No interference	1 No interference
2 Mild	2 Mild
3 Moderate	3 Moderate
4 Severe	4 Severe

II. Overall, counseling has been helpful to me.

- 1 Strongly Disagree
- 2 Somewhat Disagree
- 3 Somewhat Agree
- 4 Strongly Agree
- N/A Not Applicable

Rate your level of functioning in the following areas since beginning counseling:

	1 No Improvement	2 Slight Improvement	3 Moderate Improvement	4 Substantial Improvement		1	2	3	4
Making important decisions		1 2 3 4			Maintaining health and well-being	1	2	3	4
Relating to significant people in my life		1 2 3 4			Progress on therapy goals	1	2	3	4
Achieving goals I have set		1 2 3 4			Symptoms/concerns that brought you to counseling	1	2	3	4
Coping with problem situations		1 2 3 4			Academic performance	1	2	3	4

Please rate how much each item concerns you now.

	1 No Concern	2 Little Concern	3 Moderate Concern	4 Significant Concern
1. Choosing the right major/career	1	2	3	4
2. My use of alcohol/drugs	1	2	3	4
3. Working hard, but getting poor grades	1	2	3	4
4. Test anxiety	1	2	3	4
5. Excessive tearfulness or crying	1	2	3	4
6. Feel misunderstood or mistreated	1	2	3	4
7. Intentions of suicide	1	2	3	4
8. Recent thoughts of suicide	1	2	3	4
9. Lost hope that life will improve	1	2	3	4
10. Unresolved conflicts with others	1	2	3	4
11. Food controls my life	1	2	3	4
12. Feeling agitated or restless	1	2	3	4
13. My anger or arguing	1	2	3	4
14. Trouble memorizing	1	2	3	4
15. Others worry about my use of alcohol/drugs	1	2	3	4
16. Though smart in many ways, at times I feel stupid	1	2	3	4
17. Concerned about my safety	1	2	3	4
18. Difficulty concentrating	1	2	3	4
19. Focusing or paying attention	1	2	3	4
20. Memories of past sexual abuse/assault	1	2	3	4
21. Recent sexual assault	1	2	3	4
22. Hurting myself (e.g., cutting, burning, bruising)	1	2	3	4
23. My weight interferes with my daily life	1	2	3	4
24. Bored or unhappy with life	1	2	3	4
25. Loss of energy, fatigued	1	2	3	4
26. Feel shy or timid	1	2	3	4
27. Excessive worry	1	2	3	4
28. Questions related to pregnancy	1	2	3	4
29. Nutrition or exercise habits	1	2	3	4
30. Dealing with grief or loss	1	2	3	4
31. Making careless mistakes in math or writing	1	2	3	4
32. Low self-esteem	1	2	3	4
33. Unsatisfied with my current major	1	2	3	4
34. Difficulty trusting other people	1	2	3	4
35. Lost interest in activities	1	2	3	4
36. Changes in sleep patterns	1	2	3	4
37. No close personal friends (lonely)	1	2	3	4
38. Feel out of place on this campus	1	2	3	4
39. Time management	1	2	3	4
40. Mood swings	1	2	3	4
41. My eating habits	1	2	3	4
42. Taking risks or chances	1	2	3	4
43. My sexual identity or orientation	1	2	3	4
44. Pressured by others to choose the right major	1	2	3	4
45. Facing legal issues	1	2	3	4
46. Difficulty controlling angry thoughts/actions	1	2	3	4
47. Anxiety attacks	1	2	3	4
48. Recent significant weight change	1	2	3	4
49. Depressed mood	1	2	3	4
50. Addiction concerns _____ (gambling, computer, nicotine, pornography, sex, etc)	1	2	3	4

Appendix F - Interview Questions

Interview Questions

1. Can you please tell me about your general relationship with your roommate?
2. Which of the following did you observe your roommate exhibiting?
 - Use of alcohol/drugs
 - Working hard, but getting poor grades
 - Test anxiety
 - Excessive tearfulness or crying
 - Feeling misunderstood or mistreated
 - Lost hope that life will improve
 - Unresolved conflicts with others
 - Feeling agitated or restless
 - Trouble memorizing
 - Difficulty concentrating
 - Focusing or paying attention
 - Bored or unhappy with life
 - Loss of energy, fatigued
 - Feeling shy or timid
 - Excessive worry
 - Nutrition or exercise habits
 - Low self-esteem
 - Difficulty trusting other people
 - Lost interest in activities
 - Changes in sleep patterns
 - No close personal friends (lonely)
 - Time management
 - Mood swings
 - Difficulty controlling angry thoughts/actions
 - Anxiety attacks
 - Depressed mood
 - Addiction concerns (ex. Gambling, computer, nicotine, pornography, etc...)
3. Are you aware if your roommate was receiving treatment for their emotional distress?
Did your roommate inform you of this treatment?
4. Do you feel that the emotional distress affected your relationship with your roommate?
5. Were there ever times you felt worried for your roommate's safety or well-being? Would you please tell me a little about those times?
6. Were there ever times that you felt stressed from your roommate's mental state? Would you please tell me a little about what that was like?
7. Can you tell me about any times you may have felt weighed down by your roommate's mood?
8. Did other students in your residence hall know of your roommate's depression?
9. Did residence hall staff ever approach you about your own well-being? If yes, what did this look like? If no, would you have liked them to?
10. Did you feel that other students and/or staff supported your roommate?