

Chapter 11. Campus Health and Wellness

Introduction

Terms used throughout this chapter are not meant to label or stigmatize individuals but are for the purpose of increasing knowledge and awareness around neurodiversity and campus wellness. These terms include Autism Spectrum Disorders and Learning Disorders, along with developmental disorders, and are considered within the category “Neurodiverse”.

Currently, many institutions of higher education offer on-campus recreation, case management, medical, mental health services, and health education promotion for students. By providing these services, institutions are making a major investment in the health and wellness of their students. These health and wellness departments deliver services, education and outreach in a variety of approaches. Campus health and wellness transcends any one program, departmental effort or service. No one department can own an institution’s health and wellness efforts; every department has a responsibility to support stakeholders, and the ability to do so can make a considerable difference. Many colleges and universities are moving toward implementing a public health approach on how they serve students, with an emphasis on prevention. These departments *“play a critical role in the retention, progression, and graduation of students by providing access to and/or coordination of quality, affordable, convenient health and wellness services and programs delivered by professionals who are attuned to the unique stressors and needs of college students”* (American College Health Association, 2016).

By approaching campus wellness from an integrated perspective, versus a departmental approach, campuses can capitalize on synergies from all campus health and wellness departments to strengthen efforts toward student well-being. Integrating efforts often allow staff to reach broader audiences through cross-marketing initiatives, present a unified voice on well-

being content, and to increase exposure of the various departments to stakeholders. This integrative approach works to remove barriers, break down silos, and combines expertise to enable students the ability to fully engage in their higher education experience, which they are unable to do if they are struggling with their health. A goal for campuses around student health and wellness should ensure graduates feel their institution prepared them well for life outside of higher education and beyond.

For this chapter, the authors will focus on Campus Wellness from a public health approach, which is holistic and includes all aspects of a person that influences their wellbeing.

Key Definitions

Health promotion is defined as enabling people to take control over their health and its social determinants, and thereby improve their health (Kumar & Preetha, 2012). It includes interventions at the individual (knowledge, skills, and attitude), interpersonal (social network), organizational (environment), community (cultural values, norms) and public policy levels to facilitate adaptations conducive to improving or protecting health.

Health education focuses on building stakeholders' abilities through educational, motivational, skill-building, and consciousness-enhancing practices for behavior change. By influencing stakeholders' capacities and offering environmental encouragement, meaningful and lasting change in the health of individuals and communities can occur (McQueen & de Salazar, 2011).

Peer Educators are “peers who maximize their knowledge and skills to help their peers make healthier choices (National Association of Student Personnel Administration, 2019).” These individuals not only educate and positively influence those around them; in essence, they are the most impactful to one another on campus (Astin, 1993).

Public Health is the science of protecting and cultivating the health and wellness of stakeholders and communities through advancement of healthier lifestyles, investigating for disease, injury prevention, and the detection and control of infectious diseases (National Foundation for the Centers for Disease Control and Prevention, Inc., 2017). Public health focuses on protecting the health of stakeholders in the environments where they live, learn, work, and play.

Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. Wellness is much more than being free from illness, it is an energetic process of change and growth (thriving). The World Health Organization (2012) defines wellness as “*a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.*” The National Wellness Institute defines wellness as “*a conscious, self-directed and evolving process of achieving full potential.*”

College Health

The Carnegie Foundation’s College Health definition states it is “the cautious convergence of health and education. It is a campus community with a common purpose and a shared vision. College wellbeing cannot be isolated from social, physical, mental, financial, political or cultural factors, nor can it be separated from a sense of belonging and meaning. College health is developmentally appropriate, educationally effective, accessible, and convenient.”

The college health promotion field is an aspect of medicine that focuses on college-aged student clinical and preventative care that typically ranges from 17-28 years of age (American College Health Association, 2012) but has more recently expanded to include non-traditional student treatment (Turner & Hurley, 2015). As an often unrecognized or unknown specialty of

our health care system, college health practice is daunting because of the forms of clinical care that often require coordination with campus and community resources, and messaging that this diverse population needs. A multidisciplinary approach by health and wellness practitioners is part of the complex nature of college health and wellness. Turner and Hurley (2015) share that there are some key guiding principles for college health professionals that include: patient sensitivity, service quality and economy, ethical decision-making, continuous evaluation and improvement, and enabling student personal growth and development. Administrators must also remove barriers to treatment access for students in relation to: cost, location, off-campus referrals, facilities, scope of care, and hours of operation. Student health services vary from campus to campus, depending on the campus size, student enrollment, scope of practice and whether care is expanded to faculty, staff, dependents, partners and the public.

Higher education institutions have created various forms of student health centers, each with varying types of services and resources afforded to campus constituents. Most health centers for students are not facilities connected to academic departments. Some of the student health centers are run as a first-aid clinic, while some are run by a nurse, with hundreds of multidisciplinary staff employed. For higher education, the educational and outreach component of college health is often referred to as health promotion (Eddy & Eifert, 2017; Eifert et al., 2017; Ferreira, Brito, & Santos, 2018). College health staff include doctors, physician assistants, administrators, psychologists, nurses, mental health professionals, health educators, athletic trainers, nutritionists, and pharmacists (Eddy & Eifert, 2017; Eifert et al., 2017). Several college health programs include experts in tobacco cessation, health and wellness coaches, massage or physical therapists, and other holistic health providers (Eddy & Eifert, 2017; Eifert et al., 2017). College health practitioners are often members of a national organization, such as the American

College Health Association (ACHA) or the National Association of Student Personnel Administrators (NASPA) (Eddy & Eifert, 2017; Eifert et al., 2017).

Higher education institutions have addressed national health priorities in order to stop preventable diseases, disabilities and human suffering, through education and access to preventative care (Turner & Hurley, 2015). Higher education supports wellbeing by developing healthy learning environments for students to successfully retain them (Turner & Hurley, 2015; WHO, 2012). To incorporate well-being into campus culture, university health professionals identify stakeholders' concerns and risks, to improve learning and retention efforts. Health educators focus their energy on prevention in order to increase protective factors and reduce the risk factors for personal and community health (Turner & Hurley, 2015; American College Health Association, 2012). To accomplish these efforts, professionals utilize a public health/population health model (American College Health Association, 2012). The American College Health Association (ACHA) documents that health promotion services focus on primary and secondary prevention on campus, operating as a functional area of College Health or Student Affairs/Life (American College Health Association, 2012; Eddy & Eifert, 2017). Professionals use a public health / population health model to achieve these efforts (American College Management Association, 2012). The American College Health Association (ACHA) shares that health promotion services focus on primary and secondary prevention, as a function of the college health or Student Affairs (ACHA, 2012; Eddy & Eifert 2017). Practitioners train campus and community stakeholders on alcohol, tobacco and other drugs, sexual health, consent, mental health first aid, nutrition, stress and time management, healthy lifestyles, peer education and the prevention of chronic diseases (American College Health Association, 2012; Eddy & Eifert, 2017). To assist in hiring competent professionals ACHA created Standards of Practice for

Health Promotion in Higher Education. These guidelines provide competencies and experience practitioners should have in regard to prevention at institutions of higher education (American College Health Association, 2012). Another tool used by college health professionals is the Council for the Advancement of Standards in Higher Education (CAS Standards), which were created to offer Professional Standards, recommendations and a Self-Assessment Guide (Council for the Advancement of Standards in Higher Education & Mitstifer, 2012). The CAS Standards were designed to assist in creating quality programs and services and promoting the utilization of standards (Council for the Advancement of Standards in Higher Education & Mitstifer, 2012). These standards encourage and improve student learning, development, and achievement, while encouraging good citizenship (Council for the Advancement of Standards in Higher Education & Mitstifer, 2012). In 2012, CAS updated all student service functional area standards, including the standards for Health Promotion in Higher Education (Council for the Advancement of Standards in Higher Education & Mitstifer, 2012).

Health Education and Promotion

Around the 19th century, the field of health education was developed in order to support people and communities in their lives and improve their quality of life with existing medical conditions (Taylor, O'Hara & Barnes, 2014; World Health Organization, 1986, 2012). Health education is often described as social science, a method for engaging with individuals in health promotion and disease and disability prevention. Health education is grounded in behavioral change in a variety of settings (Okanagan Charter, 2013; Taylor et al., 2014; WHO, 2012).

According to the World Health Organization (WHO, 1986), health education works with individuals and communities by increasing their knowledge or influencing their attitudes through creating learning occurrences that can advance their health (Okanagan Charter, 2013; Taylor et

al., 2014; WHO, 1986, 2012). The process of improving one's health is the foundation of health promotion, as it empowers individuals to increase control over their lifestyles. This process goes beyond an emphasis on individual behavior, to include a variety of social and environmental interventions (Okanagan Charter, 2013; Taylor et al., 2014; WHO, 1986, 2012).

Campus Wellness/Wellbeing

The mission of campus health and wellness is to establish a culture of health and wellness within the community, so they are able to live and be well on the campus. Our whole community is important to us. The aim is to provide stakeholders with knowledge, programming and opportunities to develop their skills and abilities to thrive. Wellbeing connects the various elements of life—social, community, career, financial, physical, and emotional well-being—in order to achieve and maintain balance, the ability to be resilient, and to achieve our full potential. By being mindful and aware of life balance, stakeholders are able to manage the various aspects of life in a holistic way that helps achieve personal and career success.

In each aspect of well-being, getting basic needs met at the individual level creates an opportunity for one to develop, thrive and succeed personally and professionally. At the community level, it leads to the benefit of society when people are happy with their lives and their careers and feel safe. Wellness can be viewed and assessed via nine dimensions of well-being into a quality way of living. These dimensions include: financial (short and long-term), cultural (diversity, equity, inclusion, social justice), physical (body), intellectual (mind), emotional (feelings), social (family, friends, relationship), occupational (career, skills), environmental (air, water, food, safety), and spiritual (values, purpose, intuition, vitality). Wellness is, overall, the ability to live life in its entirety and to make the most of one's personal abilities. Wellness imposes personal accountability through self-reflection and self-evaluation.

Wellness involves life-long learning and evolving to enhance personal well-being. The process of achieving wellbeing is constant and dynamic and requires individuals to be:

1. *Aware* means that you are by nature continuously seeking more information about how you can improve.
2. *Choices* mean that you have considered a variety of options and selected those that seem to be in your best interest.
3. *Success* is determined by each individual, based on their personal achievements in their life.

Recreation

Recreation is about behaviors and events that create a sense of pleasure and satisfaction. For neurodiverse individuals, exercise can be particularly important, building on opportunities to develop social skills, physical fitness and motivation. These activities can be the basis for students to have greater self-confidence. Participation in recreation and leisure activities helps those who are neurodiverse to learn skills unique to various sports and activities. But above all, participation in these programs also helps to improve skills that can be applied in various settings.

For years, the field of campus recreation has emphasized the advantages of engaging in campus recreation events, facilities, programs and services. While there was a time when the evidence to support such claims has often been anecdotal or was grounded in the practitioners' experiences, the literature now supports these claims and offers substantial evidence documenting the importance of recreational engagement on college and university campuses. Students taking part in recreational activities have improved health and wellness, along with increased retention rates. Students who participate often and in a range of opportunities benefit

even more. Campus recreation facilities and programs continue to be a factor for students when deciding which college/university to attend.

Campus recreation programs can serve neurodiverse students as part of a comprehensive treatment plan that can impact physical, social and spiritual wellness dimensions. Due to the potential for sensory overload, campus recreation staff will have to tailor programs for neurodiverse students only, and/or create a setting conducive for them in tandem with their neurotypical peers. Marketing times when the facility is less busy, adjusting lights, e-sports events, creating an individualized fitness program that includes teaching safe exercise practices, peer support or smaller group fitness classes where sound is adjusted, and ear plugs/headphones provided. Wendy Holden, Director of CWU Disability Services, shared that students she has worked with enjoyed walking, so she has suggested walking groups/challenges, or Outdoor Pursuits & Rentals (OPR) activities that include hiking and biking

Case Management

Since the mid-20th century, case management existed in both theory and practice. Case management is a practical field within higher education, specifically within student affairs, developed as a partial solution following the 2007 Virginia Tech mass shootings (Adams, Hazelwood and Hayden, 2014). Support to people at various levels of distress is not new in higher education or in disciplines of human service. Historically, the response to distressed students in higher education has been to adapt theories and standards from human services, a concentration in the social work discipline, and to apply them to student affairs interventions and responsive actions. Higher education case managers are typically assigned to work within counseling centers, Dean of Students/Student Affairs, and/or other advocacy offices, while more broadly supporting the entire campus community (Adams, et. al., 2014).

Case management has traditionally been an industry of specialized services with specific purposes and social roots. A case manager works in conjunction with individual customers to organize a common need action plan (Adams, et. al., 2014). A case manager is the human connection between the client and the staff. Included in various models depending on the needs of the client, the climate, and the available resources, the Case Manager affects the modified situation. These individuals coordinate many customer services, including communication to faculty and parent/familial support. Case management in higher education is “a student-centered, goal-oriented process for assessing the particular needs and services of a student and assisting them to access and utilize those services” (Adams, et. al., 2014). Case Managers serve as advocates and are often responsible for speaking and/or acting on behalf of the student. In the student affairs model, advocacy for students occurs in four ways: (a) coordinating services, (b) managing the system, (c) empowering students, and (d) negotiating the system (Adams, et. al., 2014). Case Managers advocate, assess and refer students, requiring the formation and maintenance of collaborative relationships with on and off-campus resources. Common departments Case Managers refer students to include:

- On-Campus Counseling Services and Off-Campus Counseling Resources
- Victim Advocate
- Substance Abuse Treatment
- Dietitian
- Student Health/Medical
- Liaison between Parents/Guardian/Support Systems
- Disability Services
- Student Ombudsman

- Academic Advising (including specialized services, e.g. TRiO)
- Financial Aid and Scholarship/Grant Resources
- State Assistance (e.g. Washington State's Department of Social & Health Services, or DSHS, for medical and food assistance for low-income students)

Due to their ongoing interactions with these service areas, Case Managers often work with neurodiverse students by serving as advocate, resource generator, and/or accountability professional to ensure their success on campus. When working with neurodiverse students, CWU Case Managers have implemented some key practices that include:

- Paying attention to lights, sounds, overall noise
- Meeting the student where they are. This is tailored to the students' preferences, as they may prefer to be side-by-side, so direct eye contact doesn't feel like a requirement for the conversation. Some need to sit on the floor or rock or walk side-by-side in areas around campus they are comfortable with.

These key practices can improve outcomes in communication and therefore increase the Case Manager's abilities to be supportive to neurodiverse students. For the most effective and efficient service outcomes, many students are asked to sign Release of Information forms to ensure their Case Manager can speak openly and freely with the clinical, prevention and academic professionals assisting these students with their success in academics and other domains of wellness.

Undiagnosed, diagnosed but hiding, openly diagnosed

Joy Stochosky, Director of Case Management at Central Washington University, shared that she has met and worked with students who have no diagnostic or intervention history labeling them as neurodiverse but clearly demonstrate thought patterns and behaviors common to

their diagnosed neurodiverse peers. This can sometimes lead to a conversation between the student and Case Manager, which has been most effective using both Motivational Interviewing and Socratic Questioning methods. Even when diagnosed, while some students are open about their neurodiversity factors, others view the college environment as an opportunity to “start fresh” and withhold disclosure of these identity elements that may become more evident to those around them as time passes, often leading to increased barriers and distress for the individual, and potentially for other students, staff and faculty. The neurodiverse students Joy has worked with at CWU, have been more successful when they self-disclose to those most likely to be interacting with them (i.e. Resident Assistant or RA, roommate, tutor, professor), as they can then better advocate for themselves by using direct communication with those aware of their unique needs for stabilization, stress management and overall success. This allows the “mystery” of the person’s “quirks” or other demonstrations that stray from the social norms of their neurotypical peers to be avoided”.

Demands and impact of neurodiverse students on campus

The transition from high school to college is challenging for any recent graduate, but students who are neurodiverse have added challenges and obstacles that can impact their abilities to engage and thrive. The average environment that neurodiverse college students are expected to adapt to requires significant improvements. Colleges and universities must acknowledge, welcome, and strategically support neurodiverse students and their intersecting identity factors by supporting their engagement and successively supporting persistence and retention (Couzens et al., 2015; Engstrom & Tinto, 2008; Milem & Berger, 1997). The necessary support must also be extended to the student’s support system (i.e. parents, guardians, loved ones). In high school, many of these support systems are heavily involved with their students’ progress and success,

while university environments ask students to be more independent, including the expectation that the student is able to actively seek out support.

Many campuses who welcome neurodiverse students have directly or indirectly asked students to conform to campus “norms”, set by those who are neurotypical. The lack of training for neurotypical faculty, staff and students puts pressure on neurodiverse students to respond to challenging social cues or unclear communication in ways that do not result in neurotypical individuals experiencing discomfort. Bias, perceptions and stereotypes shape how many people engage with those who are different from them, affecting neurodiverse students’ experiences in academic settings and in activities of daily living.

In higher education environments, there are expectations placed on students and staff alike to succeed. Whether a student survives or thrives in this process can be contingent on many factors. Health and Wellness Promotion teaches a holistic integration of student well-being, comprising these factors in what we have discussed in this chapter as the dimensions of wellness. This approach to wellness supports our diversely expanding campus communities and helps them succeed. The neurodivergent community is no exception to this and are positively impacted when we teach from this framework.

In regard to learning, teaching, and student support, neurodiverse students from De Montfort University expressed demands for the campus, in a research effort about the student experience of neurodiversity (Griffen, Pollak, 2009). The research participants shared the following recommendations for greater outcomes in the areas of:

- Communication between departments
- Understanding of neurodiversity among academic staff

- Career readiness and navigation skills (for work-related personal organizational strategies, self-disclosure and the law)
- Visual and multi-sensory teaching, and assistive technology.

These recommendations were also shared in another interview of a mother of an autistic college student, who also identifies as neurodiverse herself. According to Bowling, C. (2019, November 8) [personal interview], there is a need for better liaison services between adaptive support services and academic support. In addition to the above-mentioned demands, additional suggestions and requests include: disability resources available to incoming students upon admission, FAQ sheet for neurodiverse students on how to self-advocate, trainings for faculty and staff, and partnership programming with law school students to help neurodiverse students understand and navigate legal aspect of their rights.

Universities that incorporate these recommendations and demands support students across the board. For example, engaging students with an air writing technique or using hands-on models can enhance the learning and memory ability, while at the same time not singling anyone out who may need the extra learning method. More specifically, students with Dyslexia, who have issues reading, greatly benefit from multi-sensory teaching. Google slides has a new accessible feature that adds automatic closed captioning (Kevin 2019). There are three choices to enable closed captioning: simply click the cc button in the lower left corner, press the Ctrl, or CMD+Shift+C shortcut. Students can hear voice, read text, and see bullet points on the slide that the presenter is sharing. This all goes back to embracing the value of Universal Design for Learning; giving learners multiple opportunities to absorb information messaged to them and multiple opportunities to express what they've learned. Another tool that administration could use to increase access to information is to use assistive technology images. While using this,

images should also be accompanied with the alternative text in the properties to help. Kevin also shares that, for those administrations who are serious about supporting students of neurodiversity, preference should be given to hiring faculty that use or are familiar with UDL strategies and concepts. It's important to foster educational communities in which students are challenged and supported. All teachers don't have to have the special education background but are equipped with the tools and knowledge to be a support. These reduce the barriers of dependency and allow students to feel more comfortable talking with various teachers and leaders (Journal of Learning Disabilities (2001).

On our campus, students operate in dual roles. Some are just students and some serve dually as students and student employees. According to Grandin (2018) there are high impacts of a teams that encompasses various neurodiverse abilities at work. The team's strength is increased by the individual strengths of what each team member brings to the table. This concept is similar to the classroom and for students who work at universities using their work ethic and skills. Following are short discussions of common strengths at work for people with ADHD, dyslexia, autism, dyspraxia. Positive impact from people with dyslexia is that they think outside of the box, which is a highly valued team and individualistic quality. Other common strengths are inventiveness and creativity. Those with autism are analytical thinkers who focus and have attention to detail. Lastly, common strengths at work for dyspraxic people is the bold 'macro scale' thinking, pattern-spotting and inferential reasoning. For the wellness of the campus and the individual, it is healthy to have a more neurodiverse environment to enhance more successful teams, create a potentially larger respect of cultural awareness, and allow students to experience various interactions and environments with a sense of belonging. When

students can learn more skills and have more opportunities to grow, this prepares them more for the workplace after graduation.

U.S. Department of Labor (2019) shares that the entry into workforce is very low for students with disabilities compared to their counterparts. They are also less likely to complete their bachelor's degree or higher in comparison to their counterparts. In 2018, the U.S. rate of persons with disabilities were less likely to be employed than those without disabilities. The unemployment rate of those aged 16 and older with disabilities was 8.0 compared to their non-disabled counterparts, whose unemployment rate was 3.7. The rate of the same persons aged 25 or older, with disabilities 4.5 obtained education of bachelors or higher. Among some of the individuals not in the labor force were people who couldn't find jobs, didn't think that there was work available, lacked training, received discrimination or the employer thought they were too young. As university administrators and other supporters, it is imperative to provide advocacy, training, and support to prepare the young adults of tomorrow.

Social Skills

Sara Gardner, director of Neurodiversity Navigators at Bellevue College in Washington State, shared that social skills training is “shaming” to neurodiverse students and often does not work. “The majority of social beliefs are learned nonverbally, and a key issue with teaching neurodiverse students’ social skills is that expectations will vary from classroom to work team to boardroom, country to country,” Gardner says. “People pick up the way they are expected to act by observation, and some do it better than others.” These trainings disable students further as it trains them to only engage in one way.

Student Health and Wellness

In order to move to approach where the whole student is served, campuses should focus on serving neurodiverse and neurotypical students from a non-healthcare focused framework. The ability to serve the whole student's health and wellness needs is not just the responsibility of health and wellness departments but must engage all sectors of campus. Outside of support from the Disabilities department, many students need the support from clinical, prevention, and socially focused education and outreach services. The Comprehensive Transition Education Model (CTEM) and Comprehensive Transition Services Model in Table 1, encourages support teams to make nine domains the focus of transition planning, education, and services, which fall within all of the nine dimensions of wellness (Hagen, Holverstott, Hubbard, Adreon and Trautman, 2005).

Table 1

Comprehensive Transition Education Model (CTEM) and Comprehensive Transition Services Model (CTSM) Domains

Domain	Brief Description	Dimension(s) of Wellness Connection
Communication and Academic Performance	<ul style="list-style-type: none"> Expressive and receptive communication skills Academic skills 	Intellectual, Social
Self-Determination	<ul style="list-style-type: none"> Making one's own decisions and acting on them, as well as participating in more self-directed learning 	Intellectual, Emotional Social
Interpersonal Relationships	<ul style="list-style-type: none"> Social skills such as those related to communicating with others (e.g., initiating, maintaining, and ending conversations) and understanding and managing emotions (e.g., conflict resolution) 	Emotional, Social, Cultural
Integrated Community Participation	<ul style="list-style-type: none"> Participating in one's community, such as restaurants, stores, parks, libraries, places of worship, events, government, and volunteering 	Social, Spiritual, Environmental
Health and Fitness	<ul style="list-style-type: none"> Monitoring one's health, including scheduling/attending check-ups, and recognizing symptoms and determining how to respond to them Understanding and applying the principles of nutrition and exercise Understanding sexuality Being prepared to handle medical emergencies 	Physical, Emotional
Independent/ Interdependent Living	<ul style="list-style-type: none"> Adaptive behaviors, such as personal hygiene, cleaning, cooking, and managing one's finances 	Physical, Emotional, Financial
Leisure and Recreation	<ul style="list-style-type: none"> Activities that are relaxing and enjoyable in one's downtime, such as those related to sports, arts and crafts, and music 	Physical, Social, Cultural
Employment	<ul style="list-style-type: none"> General skills related to working, such as following instructions, being punctual and responsible, and taking criticism Occupational skills (i.e. searching and applying for jobs, integrating self into a new work environment); and basic job skills (i.e. working well independently or part of a team, communicating well, reading, and math 	Social, Occupational, Emotional, Intellectual, Financial

Further Education and Training	<ul style="list-style-type: none"> • Ability to seek out, apply, and succeed at postsecondary educational opportunities 	Spiritual, Intellectual, Occupational, Financial
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Student Health Center/Services

Student Health departments have transitioned from being clinics that treat those who are sick or injured. Presently, many university health centers have expanded their services to meet the significant health needs of an ever-changing student demographic. Many students transition to college with pre-existing illnesses/disorders that require trained professionals to assist in maintaining medication compliance or formally diagnosing students. Traditional college-aged students are at a critical stage in their development, and many are just learning to manage their own health and healthcare with less parental/guardian oversight. Some university student health centers are actively engaged in educating students on the impact of using tobacco, alcohol, and other drugs, while promoting primary prevention strategies around healthier nutrition, sleeping, and physical activity strategies. The long-term effects of student health centers are vital influencers of the college student's ability to modify their behaviors post-college.

At USC Health Services Campus, Daniel Obejas represents the Autistic Self Advocacy Network (ASAN) and speaks on a panel for the Institute for Genetic Medicine Art Gallery Autism Event. Daniel shares that asides from expressions through visual mediums, music, or writing, the performing arts is very beneficial for any child, but especially those with special needs. A similar topic discussion from the AFTA shared "The arts reach students with different learning styles" (Arts Education Navigator 2013). Learning and expressing through the arts breaks down barriers and opens doors for holistic growth.

With the transition to college, parents/guardians should begin conversations with their student on how and when to utilize student health or community provider when needed. Ongoing conversations that encourage students to utilize student health services are often vital to their

student's ability to be retained and graduate. Before arriving to campus, there are some key components that should be discussed with neurodiverse students:

- For parents: Allow your student to take the lead on their health and wellness their senior year of high school, with your support. Let your student call and make appointments, pick up medications, and take the lead in discussing updates with their medical providers.
- Health Insurance – It is good practice to ensure students have a copy of their health insurance card, and remember to bring it to all medical appointments, if the student health center does third party billing.
- Health Literacy
 - Appointment Cheat Sheet – It is a good practice for everyone to prepare for their appointments in advance by making a list of health concerns or things to discuss with the provider. This helps to ensure that students don't forget questions they need answers to due to distraction, sensory overload, etc.
 - List of Medications – Students should also bring a list of prescription and over-the-counter medications and any allergies they have to every visit so the provider can be sure to have the most up-to-date information. Some have preferred to bring their medication bottles or take pictures of them instead of writing everything down.
 - To ensure students are able to remember what is discussed during the appointment, students should bring something to write on during the visit or ask the provider for permission to have the visit be recorded.

Student Health Centers/Services can also create environments for neurodiverse students to help relieve tension. Some practices employed in offices include:

- Noise reduction headphones - Some individuals will benefit from noise reduction headphones to navigate loud lobbies. Tables may also include books, items to color or fidget items, to help reduce anxiety that can arise when waiting for the provider.

With the ever-changing student demographics, the mission of student health centers has been redefined to expand beyond just treating medical problems but also controlling chronic conditions, preventative care and supporting healthier habits.

Counseling Center/Services

For campuses that offer counseling, the Counseling Center often offer a range of mental health services to students wanting help with personal or professional concerns. Counseling staff can range from Master to doctoral level practitioners, with some hosting internships for unlicensed therapists. Counseling Centers often specialize in developmental issues and clinical apprehensions common to college students such as identity development, personal growth, relationship and familial problems, academic and personal stress. Services provided by staff may include outreach and presentations; individual, couples, and group therapy; as well as consultation to friends, faculty/staff, and parents/guardians concerned about a student in distress. During crisis situations on and off campus, staff respond by providing immediate intervention, stabilization and support to the campus community.

Exploring the power of the arts more, podcast host of *All in the Mind*, Lynne Malcolm, takes a deep dive to understand mental wellbeing on a podcast where the exploration of the fascinating connection between the brain and behavior takes place (Australian Audio Guide, n.d.). Here she found the discovery of the power of radio to tell the story of others and share her passion about people and their personal experiences. In her podcast the art of neurodiversity, Lynne interviews several guests about their experience and thoughts around neurodiversity, ABC

Radio (2018). The interviewers were speakers at the Arts Centre Melbourne, at a gathering called the Deep Dive, sharing how art and theater play a role in celebrating neurodiversity. One speaker shared that “in order to support people with ranging abilities and styles in the world we need to become more familiar.” The podcast speakers spoke from their experience of having synesthesia and autistic and how the arts helped them to connect and grow. A few speakers shared how taking theatre classes allowed them to fail in expressing different feelings and find their way in being understood with peers. Having this outlet provided a space of comfort that decreased some social anxieties. The same goes for those who are not neurodiverse, they get to practice these roles and experience empathy for identities they do not have.

Campus Essentials for High Impact

In order for a student to work at their optimal, the higher education institute must be equipped with proper wellness services and education. According to the World Health Organization (2019), “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Campus essentials for optimal health and high impact include peer health education programs, Universal design for learning, and multi-sensory learning tools, to include the creative arts.

The Okanagan Charter’s Call to Action 1, highlights key components campuses should use to elevate the health and wellness of students. The Okanagan Charter provides a guide and inspiration for health promoting universities that aspire to infuse health into everyday operations, business practices and academic mandates (Okanagan Charter, 2013). By doing so, health promoting universities and colleges enhance the success of institutions; create campus cultures of compassion, well-being, equity and social justice; improve the health of the people who live,

learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society (Okanagan Charter, 2013).

Call to Action 1: Embed health into all aspects of campus culture, across administration, operations and academic mandates

1.1 - Embed health in all campus policies. Review, create and coordinate campus policies and practices with attention to health, well-being and sustainability, so that all planning and decision-making takes account of and supports the flourishing of people, campuses, communities and our planet.

1.2 - Create supportive campus environments. Enhance the campus environment as a living laboratory, identifying opportunities to study and support health and well-being, as well as sustainability and resilience in the built, natural, social, economic, cultural, academic, organizational and learning environments.

1.3 - Generate thriving communities and a culture of well-being. Be proactive and intentional in creating empowered, connected and resilient campus communities that foster an ethic of care, compassion, collaboration and community action.

1.4 - Support personal development. Develop and create opportunities to build student, staff and faculty resilience, competence, personal capacity and life enhancing skills – and so support them to thrive and achieve their full potential and become engaged local and global citizens while respecting the environment.

1.5 - Create or re-orient campus services. Coordinate and design campus services to support equitable access, enhance health and well-being, optimize human and ecosystem potential and promote a supportive organizational culture (Okanagan Charter, 2013).

Personnel within higher education must be comfortable with having ongoing engagement with diverse communities and respect the differences these unique individuals bring to the campus. Many professional organizations require ongoing professional development, and to serve an ever-changing student body, administrators must commit to training and education of all staff to ensure cultural competence. Professional development that is continuous allows professionals to be aware of the unique stressors, communication difficulties and cultural beliefs and expectations that can impact a student's experience. Best practices for health and wellness professionals require that they maintain professional competencies, work within their scope of practice, adhere to codes of professional practice and ethical principles including dignity, respect, student confidentiality, privacy, and informed consent (American College Health Association, 2016). Sara Gardner, Program Director at Bellevue College shared perspectives on best practices for health and wellness professionals when engaging with neurodiverse students.

1. "All staff should have Bias Training that includes tolerance and respect." This can assist in staff managing their story on what a student's behavior means.
2. "Staff should use plain language when communicating with students."
3. Ask questions for clarity if you are confused. This helps establish open communication. This practice is very similar to motivational interviewing strategies used with BASICS or ASTP, for students sanctioned due to alcohol and marijuana violations. Motivational interviewing is also a skill that is useful in Case

- Management. It is a “joint conversation, goal-oriented style of communication with specific consideration focused on the language of change. It is intended to strengthen individual enthusiasm and dedication to a particular goal by prompting and exploring the person’s motivations for change within an atmosphere of acceptance and compassion” (Van Brunt, et. al., 2012).
4. “Have a positive response versus immediate No’s.” Gardner shared an example of a front desk staff member who could have said “We have open appointments on these dates and times”, instead of “No, that date and time is not available”.
 5. Implement universal designs, often used for English language learners, for clinical rooms, lounges and other open spaces. Examples include
 - a. Check-In signs/charts that allow students to point to why they are present for an appointment. Sara Gardner from Bellevue College discussed and provided examples of how these were used as standard practice for all students (Table 1 and 2).
 - b. This includes easy to read handouts or information on the department’s website; Check-in Charts that allow students to point to why they are being seen, and how they are feeling.
 - c. Have adjustable lighting.
 - d. Have relaxing activities in the waiting areas (i.e. coloring, fidgets)
 6. Share treatment in an “optional” way, versus a mandate. Some neurodiverse students do the opposite of what is mandated to them.

Table 2

Bellevue College Appointment Counseling Card - "What is your appointment about?"

Personal Counseling	<ul style="list-style-type: none"> • Personal Life Challenges • Loss and Grief • Thoughts of Self-Harm • Increase Motivation
Educational Counseling	<ul style="list-style-type: none"> • Study skills exploration • Increase Motivation • Stress Management • Course confusion
Career Counseling	<ul style="list-style-type: none"> • Career Exploration • Exploring College Majors
Academic Probation	<ul style="list-style-type: none"> • Students with GPA below a 2.0 • Students who have been dismissed from the college

Table 3

Bellevue College Crisis Appointments Counseling Card - "Would you like to see a counselor

Would you like to meet with a counselor now? <i>now?"</i> Please point to "Yes" or "No"	
YES	NO

Supervisors should measure progress, compliance and cultural competency. To ensure services and outreach efforts are inclusive for all student stakeholders, require giving them the opportunity to provide feedback on services they have utilized.

Peer Education

"Peers are the most potent source of influence on cognitive and emotional development in college" (Astin, 1933). The success of peer health education is the power of the peer to peer education. Considering that peers are equals within a similar group, the ability to trust, share and receive sensitive information denotes respect and honor among individuals. The positive interactions, in congruence with a higher likelihood to persist, provides an endured resilience and overall higher retention rate for students. Furthermore, the positive outcome of the retention through peer education brings a greater chance that students will graduate on time. Peer health education services also have a place in cultivating safe spaces. Using UDL students learn and

teach their peers without asking someone to out themselves. Along with UDL's students also need accommodations, and adequate resources said Kevin (personal communication, November 18, 2019). A student story shared that, while learning from their peer they were able to imagine themselves utilizing the course materials in the same likeness as the peer educator, Michigan State University (2017). Another shared story provided feedback of the connection they were able to make with their future desires after working with and learning from their peer. The positive influence of peer education is invaluable. With peer health education, students have the opportunity to gain health literacy, awareness, along with positive self-advocacy for relevant campus wellness topics. When it comes to high risk behaviors like smoking, drinking, and sex it's important that each individual is knowledgeable and comfortable to make the best choice for themselves. With sensitive topics, trusting, friendly and educated peers help to create a positive environment to learn.

In the past two years, the Peer Health Education program at Indianapolis University-Purdue University Indianapolis the Assistant Director of Health and Wellness Initiatives adopted the use of adult sensory toys and fidgets during trainings and for general student office use. For programs similar to this, the availability not only supports any peer educator in the program but also provides support when the students are training their peers in health and wellness topics. During the office hours various students throughout the university are able to stop in and gain knowledge from their peers. These tools are not just stress relievers they also allow students with various learning disabilities like autism, and attention-deficit/hyperactivity disorder ADHD to learn, live and play in a welcoming space without need to self-disclose.

"I've never been able to stay focused and finish anything, this is an accomplishment thanks for letting me finish!" These were the words a student shared with (Jones) as she wrapped

up one of the end of the semester event Stress Buster events, implemented from the peer health education program. Also, in discussion, the male identified student disclosed that he had ADD and the welcoming environment and patience we had in letting him finish while we cleaned up gave him an accomplishment he hadn't had in years. The priceless moment was a result of the intentionally designed wellness strategy to reduce or eliminate stress for college student the week before finals. Several relaxing and stimulus-based activities were placed throughout the open space affording students with various needs to take part and increase social connectedness and a sense of belonging. Similar to universal design for learning (UDL's), creative art modules provide the same concept of inclusivity and can impact neurodiverse students across campus with adequate knowledge and application.

Health Literacy

Health Literacy is “the degree to which individuals have the capacity to obtain, process, understand, communicate and utilize basic health information and services needed to make appropriate health decisions to prevent or treat illness” (Epperson, 2012; Nielsen-Bohlman, Panzer & Kindig, 2004). A students' literacy level informs professionals of the limits of a student to search for and use health information, adopt healthier behaviors, and adhere to prescribed treatment plans. Limited health literacy is associated with unhealthier health outcomes and higher medical costs (Epperson, 2012; Nielsen-Bohlman, Panzer & Kindig, 2004). Within the university population, low or no health literacy can also decrease a student's academic success. Health literacy does not only focus on an individuals' skills and abilities, it also reflects the efforts of healthcare systems and practitioners to make health information and services understandable. Health and wellness professionals must focus on improving individual skills and making direct services, education, and information systems are more literate. Literacy also

includes staff helping students learn how to advocate for themselves. Examples include teaching students how to say “No”, ask for more time in deciding, and treating the educational opportunity to engage neurodiverse students from a consent perspective. In closing, a key component to student health literacy is to make their support system partners in their success. They can often provide more resources or better ways to communicate with their student. It is imperative that the student’s support system is not shut out completely as they transition to higher education

Coordinated Care and Support

The transition to college requires neurodiverse students to seek out accommodations, resources and support. This new process can be challenging for all students, but neurodiverse students have to “out” themselves, which hinders some from registering through the Disability Services office. These students often struggle with interactions with their peers, faculty and staff, who then refer them to various resources on campus. At Central Washington University, Wendy Holden, Director of Disability Services, shared in her interview how working with her colleagues has allowed her to holistically support students who are struggling. Despite the trainings she conducts for faculty, staff and student employees, the lack of knowledge often causes them to be uncomfortable or even scared. Wendy sits on the Coordinated Assistance & Resource Education (CARE) Team, which is a multidisciplinary team of professionals dedicated to a proactive and collaborative approach to the prevention, identification, assessment and management of challenges impacting student success, both on an individual level and with considerations for the larger community. The CARE Team provides coordinated support and resources to identified individual students, as well as to others vicariously impacted (living community, classmates, clubs/organizations, faculty, family, partners, etc.). Additionally, the CARE Team aims to

identify campus-wide trends and determines plans for interventions in order to embody the campus culture of embracing holistic wellness. Wendy's expertise provides needed feedback, and suggestions on how to support the student and educate faculty, staff and/or peers who formally submitted a Behavior of Concern report about the student.

At Central Washington University (CWU), Joy Stochosky, Director of Case Management shared that many of our neurodiverse students enter Case Management services as a result of having been reported for behaviors that others find distressing or disturbing. The reported behaviors can range from actions as blatant as threats of physical harm to actions as mild as self-soothing behaviors (i.e. rocking in one's chair to manage sensory overload). While the department has not captured specific data on these student referrals, anecdotally Joy stated she could attest that neurodiverse students represent a much larger percentage of our referrals to Case Management, CARE Team, and Threat Assessment Team over the past seven years she's worked at CWU. What we often find, upon closer review and combining curiosity with compassion, is that the reported student had no intention to create a disturbance, either because of misreading social cues that are more ambiguous and therefore difficult to interpret, or because their behavior wasn't something they were even aware of having happened, lacking direct feedback from the reporting party.

In addition to recognizing the overrepresentation of neurodiverse students regarding general concern reports, she has observed her office supporting more neurodiverse students through Title IX processes than their neurotypical peers from a statistically comparative review. Due to our neurodiverse students having difficulties, at times, understanding the intricacies of in-person and online intimacy interactions with others, there can be a greater risk for students to unintentionally engage in behaviors that are considered for review as alleged "harassment" or

“sexual misconduct”. Once in the administrative review process/hearing, it can become quickly clear to the Hearing Officer and to the Student Support Advisor (SSA) that the student identified as the respondent in a Title IX case did not pick up on communication subtleties of their peers who may be rejecting them from romantic interest or friendship, and therefore they continued to make contact with peers that aren’t communicating their preferences more directly.

Unfortunately, what is unsaid and “picked up on” by the majority of neurotypical students regarding on the communication front, remains confusing and potentially problematic for our neurodiverse students as they navigate social encounters and seek connectivity with others.

In cases involving either a CARE Team referral or Threat Assessment Team referral, threats to harm self or others may have been made, verbal and non-verbal communication is often at the center. Neurotypical college students often have a very ambiguous nature and nuances of current conversation and communication strategies, that requires neurodiverse students with knowing when a statement is funny and when it should be taken seriously. For example, Joy shared that it is common to hear our neurotypical students say, “I was so embarrassed, I wanted to just run into traffic”, in context with a story or situation that prompted such a statement. Neurodiverse students, in efforts to engage in banter and general communication, can occasionally create concern and distress for the other party when taken out of context or “poorly timed” in their statements or behaviors. These students are encouraged, and sometimes even required, to work regularly with counselors and Case Managers to help with their understanding of the differences between intention and perception. In some cases, using behavioral contracts (not to be confused with safety plans) can allow neurodiverse students the ability to communicate their efforts to their Case Manager by walking through a very clear and direct list of behavioral tasks/outcomes. This can include clear written direction to the student,

for example, not talk about topics of death or suicide unless with identified individuals listed on their contract.

Campus CARE/Assessment teams work hard to counter the misconception that reporting someone to the team inevitably results in unfavorable consequences, such as expulsions or going through the conduct process (Higher Education Mental Health Alliance, 2013). To address these types of misconceptions, campus teams need to conduct specific and ongoing outreach on the purpose and benefits of the team. Reporting a student or peer who is experiencing difficulties can assist in creating a healthier campus culture that emphasizes ensuring every student gets the support that is needed. “The need goes beyond just offering help for troubled students”. “When people care about each other and feel their institution cares about them, the odds of detecting someone who is struggling before it becomes a crisis” are improved (Higher Education Mental Health Alliance, 2013).

Conclusion

Sometimes the approach to care and communication with people who are different than oneself can cause ambiguity when trying to be inclusive. The truth is, we are all different, even in similar identity groups, and each of our brains think as such, so we should allow space for others to be themselves. Every day we encounter people who are different: whether the diversity is neurological, cultural, or ethical. If we are unsure if there is a need, we should watch, ask and/or allow the students to ask or share their need. Some interviewees shared that neurodiverse students will ask or share “Can you explain this more” or “I need more space” as needed. “Unless they explicitly say so, you should probably treat them like a neurotypical person because they are.”

There will continue to be an ongoing need for higher education to be more inclusive in educating the campus community about all aspects and identities of diversity. Given the elevated consideration of diversity and inclusion in higher education, this inclusion is instrumental in supporting the persistence and retention of underserved/underrepresented communities. Just as colleges and universities expect graduates to become global citizens, which involves them leaving higher education with an improved understanding of racial, religious, and/or sexual diversity factors. The same dedication should be implemented to ensure students, staff and faculty in the higher education environment are able to understand neurodiversity by being accepting, tolerant, and welcoming to those that are different from them. In closing, it is important to note that many interventions and supports setup for neurodiverse students help the larger student population and institutional community as well.

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