



## Initial Evidence for Personal Development Support for College Students with Intellectual and Developmental Disabilities: Results from a Satisfaction Survey

Alexander Fields, Ph.D.  <https://orcid.org/0000-0002-1280-2655>  
*Florida Atlantic University*

Rebecca Smith Hill, Ph.D.  <https://orcid.org/0000-0002-7761-1534>  
Lucas Perez, M.S.Ed.  <https://orcid.org/0000-0001-5725-8916>  
*University of South Carolina*

Madeline Castle, Ph.D.  <https://orcid.org/0000-0003-3949-7977>  
*Mississippi State University*

Olivia Lewis, Ph.D.  <https://orcid.org/0000-0003-3888-1125>  
*Oregon State University*

### Abstract

With the increase in college students with intellectual and developmental disabilities (IDD) enrolled in inclusive postsecondary education (IPSE) programs, there is a growing call to understand additional supports necessary for their mental health and wellness. Our IPSE program developed the personal development (PD) domain to meet the unique mental health and wellness needs of college students with IDD. Our study presents the findings from an annual satisfaction survey of 24 college students with IDD served within our PD domain. Data collected from the survey were analyzed through a convergent mixed methods design. Survey findings suggest promise for the PD domain to support student mental health and wellness, as well as individualized support for the development of independent living skills. Future investigation is needed to document the effectiveness of the PD domain, as well as health and mental health initiatives for college students with IDD in general.

**Keywords:** inclusive postsecondary education (IPSE), intellectual and developmental disability (IDD), satisfaction survey, mental health, wellness

### Plain Language Summary

- More young adults with intellectual and developmental disabilities (IDD) are going to inclusive college programs than ever before.
- College students with IDD often need support with mental health and wellness, and that support may look different from the support given to typical peers. However, professionals have not done much research in this area.

- Our inclusive postsecondary education (IPSE) program developed the personal development (PD) domain to support the mental health and wellness of college students with IDD.
- **What we did in this study:** We used a survey and open-ended questions to find out what students thought about the PD services and supports we offered.
- **Findings:** Results show that students had an overall positive experience in our PD domain and think that services like PD should be in other IPSE programs.
- **Conclusion:** IPSE programs may consider using a support similar to our PD model to support the mental health and wellness of students, or additional strategies that support their students to live independently to the best of their abilities.

In the past two decades, postsecondary education options for students with an intellectual and developmental disability (IDD) in the U.S. have been on the rise. These programs, embedded on typical college and university campuses and called inclusive postsecondary education (IPSE) programs, have been established in response to the historical lack of post-high school options for transition-age young adults with IDD. There are currently 328 IPSE programs across the country (Think College, 2023). The Higher Education Opportunity Act (HEOA) of 2008 provided federal money to support the development of more programs and was the impetus for much of the IPSE proliferation in the past two decades. Additionally, HEOA provides financial aid to students with an intellectual disability who attend IPSE programs that are designated as comprehensive transition and postsecondary (CTP) programs. To achieve this designation, programs are required to demonstrate participation in inclusive college courses and internships, as well as for students to be socially and academically integrated to the maximum extent possible (HEOA, 2008).

There are many documented benefits of IPSE programs for students with IDD. Students with IDD who access postsecondary education earn higher wages and utilize 31% less in government services than those who do not access higher education (Cimera et al., 2018). Young adults who attend IPSEs are twice as likely to be employed than those with intellectual disability who do not have postsecondary education (Sannicandro, 2018). Further, college students with intellectual disability also report higher levels of overall health and active friendships (Butler et al., 2016). As a result of attending IPSE programs, students display more adaptive skills and require less support over time (Prohn et al., 2018). Research continues to grow in this area and current results advocate for the inclusion of individuals with IDD on college campuses.

In addition to the multitude of benefits to young adults with IDD, the inclusion of this population in institutes of higher education (IHEs) has benefits for other campus stakeholders as well. Harrison and colleagues (2019) examined the impacts of IPSE students on the typically-matriculating students on a college campus. Findings included typical college students feeling more comfortable interacting with students with IDD, as well as fewer feelings of pity for these students (Harrison et al., 2019). McCabe and colleagues (2022) interviewed university faculty offering inclusive courses regarding their

thoughts on interacting with and educating students with IDD. The faculty highlighted multiple ways they and typically-matriculating students benefited from having students with IDD in their classes.

Although efforts to be more inclusive for college students with IDD exist, there are still concerns about how IHEs support this population. While the attitudes of including students with IDD in social settings on campus are generally positive, attitudes towards academic inclusion are lower and may vary by discipline (Carothers et al., 2021). The attitudes of faculty members towards including students with disabilities in college classrooms are varied and complex. Lee and Taylor (2022) found that some administrators and faculty members, likely with limited experience in teaching students with intellectual disability, feel hesitant about the inclusion of these students in their college courses. On a broader, more theoretical level, the ableism inherent to IHEs contributes to myriad barriers to full inclusion of students with disabilities, namely IDD, on college campuses. Ableism is the societally ingrained belief system that positions people with disabilities as having less value than non-disabled people; it is rampant in higher education. Dolmage (2017) argues in his book *Academic Ableism* that “disability has been constructed as the inverse or opposite of higher education,” (p. 3) positioned as a problem to be solved in a space that inherently values ability. Additionally, inquiry on disability and higher education finds that many hold the ableist view that services provided to people with a disability provide an unfair advantage (Shallish, 2017; Williams & Ceci, 1999).

## **Mental Health and Wellness**

Over the last decade, there has been an increased call to support the mental health and wellness of college students (Hernández-Torrano et al., 2020). Efforts to support the mental health and wellness of students enrolled in an IPSE program have also gained attention; however, the literature falls short of identifying these efforts in comparison to the extensive literature on the mental health of traditional college students. McKnight-Lizotte et al. (2021) surveyed 33 IPSE program directors to discern the mental health needs of their students. The survey results revealed that there is a high prevalence of mental health concerns among IPSE students, most notably anxiety, depression, social anxiety, and suicidality. As IPSE programs continue to evolve, it becomes imperative to address the barriers that students face in accessing appropriate mental health services on campus. Individuals with IDD exhibit an increased prevalence of mental health concerns coupled with a low utilization rate of services (Buckles et al., 2013; Whittle et al., 2018).

Beyond mental health, literature has documented the potential for IPSE programs to support the wellness development of college students with IDD. Wellness is viewed as prevention, maintenance, and enhancement efforts for an individual’s mind, body, and spirit (Brubaker & Sweeney, 2021). Oakes et al. (2020b) completed a systematic review of 24 articles examining the wellness of college students with IDD and concluded that targeted programming supported wellness development and reduced health risk behaviors (e.g., substance use and unprotected sex). In addition, a Q-sort analysis of the perception of college students with IDD of their IPSE concluded that the inclusion of education and interventions for their health and wellness supported their ability to make

decisions to enhance their quality of life (Oakes et al., 2020a). Ultimately, the goal of health and wellness efforts in IPSE programs was to support independent living upon program completion. However, as with mental health, there continues to be a dearth of wellness research for college students with IDD (Oakes et al., 2020b).

To bolster the mental health and wellness of IPSE students, proactive measures should involve dismantling barriers that hinder access to services. These barriers may include inequitable access to services in comparison to traditional college students (e.g. distance, transportation to services, and competent mental health professionals that understand the unique needs of students with IDD; McKnight-Lizotte et al., 2021). Moreover, IPSE programs can actively inform students of services and encourage the utilization of services and resources. Some IPSE programs are advocating for accommodations for their students that allow for a decrease in the lengthy wait time for on-campus services, more counselors with an IDD-specific focus, and less restraint on the number of sessions students are allowed (Gunin et al., 2021).

## **Purpose of Study**

As IHEs continue to implement services and resources for college students with IDD, specifically IPSE programs, there is a growing call to examine best practices through formal evaluation (Lee et al., 2021; Oakes et al., 2020b). Therefore, our IPSE program engaged in an ongoing evaluation process to develop targeted programming to support independent living through the mental health and wellness of college students with IDD. As we continue to evaluate our model of support (Smith Hill et al., 2024), we aim to understand the perceptions and experiences of students to create a sustainable model for IPSE programs nationwide. This study presents the initial findings from an annual satisfaction survey to assess student perceptions after engaging in our unique PD domain. Through our preliminary data, we aim to document initial efforts and discuss implications for future refinement.

## **Method**

The satisfaction survey results were analyzed through a mixed-methods approach. Specifically, quantitative and qualitative methods were used to understand the results through a convergent mixed methods design (CMMD; Creswell & Creswell, 2022). The quantitative data were analyzed through descriptive statistics and measures of central tendency to understand the students' satisfaction with their PD services as well as their self-perceived benefits. The qualitative data were analyzed through Braun and Clarke's (2022) thematic analysis process.

## **Participants**

The sample consisted of 24 college students with IDD (N = 24) enrolled in a large southeastern university's IPSE program. Further, the sample represented all students enrolled in the IPSE program during the Spring 2023 semester. A breakdown of participant characteristics, including descriptive data, for all participants can be found in Table 1. As a point of reference and comparison, the current gender breakdown for all

students enrolled at our university is 59% female and 41% male. Our study included a similar breakdown: 46% male, 50% female, and 4% nonbinary. The student racial/ethnic breakdown is similarly comparable; overall university percentages: 70% white, 10% Black/African American, 5.6% Hispanic, 4% Asian, 10.4% Other/multiple racial identities. Study participants were 62.5% White, 25% Black/African American, 4.2% Latinx, 4.2% Asian, and 4.2% multiple racial identities (University Enrollment Overview Dashboard, 2024).

**Table 1**

*Demographics of IPSE Program Student Participants*

Characteristics		Frequency	Percent
Year in College	Freshman	8	33.3%
	Sophomore	7	29.2%
	Junior	4	16.7%
	Senior	5	20.8%
Gender Identity	Male	11	45.8%
	Female	12	50%
	Nonbinary	1	4.2%
Race/Ethnicity	Black/African American	6	25%
	Asian American/Pacific Islander	1	4.2%
	Latino/a/x	1	4.2%
	White	15	62.5%
	Multiple Racial Identities	1	4.2%
Primary Disability	Autism	10	41.7%
	Cerebral Palsy	2	8.3%
	DD <sup>a</sup>	5	20.8%
	ID <sup>a</sup>	5	20.8%
	TBI	1	4.2%
	Williams Syndrome	1	4.2%

Characteristics		Frequency	Percent
High School Diploma	Yes	5	20.8%
	No	19	79.2%

DD = Developmental Disability; ID = Intellectual Disability; TBI = Traumatic Brain Injury

<sup>a</sup>Indicates a DD or ID not further specified.

## Instrumentation

### *Personal Development Satisfaction Survey*

All student participants in our IPSE program are asked to complete our routine end-of-the-year Personal Development Satisfaction Survey (PD-SS) to provide insight into their experiences with their PD support, as well as what recommendations they have for future support. The PD-SS consists of 12 prompts that student participants respond to using a five-point Likert scale, with 1 representing “Strongly Disagree” and 5 representing “Strongly Agree.” Due to the overarching goals of our PD support, we developed the PD-SS prompts with influence from therapeutic Client Satisfaction Scales (Attkisson, 1996), self-determination theory (Shogren et al., 2021), and a wellness paradigm (Ohrt et al., 2019). These prompts can be found in Table 2. In addition, the PD-SS asked our student participants three open-ended questions to gain a deeper insight into their experiences. The three open-ended questions are: (1) “What was your favorite part about PD?” (2) “If applicable, what is at least one thing you learned about in PD this year?” And (3) “If you could change at least one thing about PD, what would it be?” Lastly, the PD-SS was developed through a multidisciplinary effort with input from professionals in counseling, social work, and special education fields.

**Table 2**

*Personal Development Satisfaction Survey (PD-SS) Prompts and Descriptive Statistics.*

#	Prompt	Mean (SE)	Standard Deviation	Score Range	Variance
1	PD was a safe space for me to talk.	4.38 (.12)	.576	3 - 5	.332
2	PD helped me with problems or concerns I have in my life.	4.21 (.12)	.588	3 - 5	.346
3	I believe PD is helping me learn to be more independent.	4.29 (.15)	.751	3 - 5	.563
4	I think I am in charge of my own decisions and choices due to things I learned in PD.	4.17 (.17)	.816	3 - 5	.667

#	Prompt	Mean (SE)	Standard Deviation	Score Range	Variance
5	I learned things during PD that helped me in college.	4.17 (.13)	.637	3 - 5	.406
6	My overall wellness has improved because of PD.	4.13 (.16)	.797	2 - 5	.636
7	PD has helped me learn more about myself.	4.13 (.14)	.680	3 - 5	.462
8	PD has helped me become a better self-advocate. (E.g., asking others for what I need)	3.96 (.15)	.751	2 - 5	.563
9	I was able to achieve my PD goals this semester.	4.25 (.11)	.532	3 - 5	.283
10	I believe all programs like (IPSE program) should have PD.	4.46 (.12)	.588	3 - 5	.346
11	I easily built rapport (or a helpful and comfortable relationship) with my PD coach.	4.38 (.12)	.576	3 - 5	.332
12	Overall, I am satisfied with my PD support this year.	4.38 (.15)	.711	3 - 5	.505

*PD = Personal Development*

### Research Team Positionality

In conducting this research study on PD support for college students with IDD within an IPSE program, through which all authors were employed for at least one year, our diverse research team brings a rich tapestry of experiences and identities. Our team includes five scholars with more than 18 years of collective experience working with various IPSE programs in IHEs; a white male assistant professor of counselor education, a white female assistant director of the IPSE with a PhD in special education and master of social work (MSW), a white female assistant clinical professor of counselor education with a private practice, a white female PhD candidate in counselor education, and a Hispanic male PhD candidate in counselor education. We acknowledge our unique positionality as employees of the program through which our participants were recruited. Prior to this study, all researchers had varying relationships with all participants; some of us served as PD coaches, and others as IPSE programmatic course instructors, or on the IPSE programs' administrative team. Lastly, participants were given the option to complete the PD-SS independently or with the support of their PD coach.

## Procedures

### *Personal Development*

The Office of the Surgeon General (2021) described mental health concerns as a “public health crisis” on college campuses, as many IHEs nationwide are struggling to meet the influx of college students requesting mental health services (Oswalt et al., 2020). Moreover, previous scholars have reported that IHE students with disabilities may perceive their staff and faculty to lack the appropriate understanding to work with disability-related needs (Coduti et al., 2016), which is also a documented barrier for individuals with IDD to seek out traditional mental health support (Lake et al., 2021). Due to the need for targeted services to support the mental health and wellness of college students enrolled in an IPSE program, we developed the PD domain (Smith Hill et al., 2024). Within this domain, each student enrolled in the program received support for their mental health and wellness through weekly, one-hour appointments. If a student indicated that they would like a higher level of support (i.e., co-occurring mental health disorder), the PD coach would collaborate with the student to receive mental health services from a licensed provider (e.g., college counseling center or off-campus provider). Each PD appointment was individualized to the student, and students created unique goals with their PD coach at the beginning of each semester. Examples of goals included making friends, creating healthy eating and sleeping habits, reducing stress, and anger management strategies. Our PD coaches are doctoral students in counselor education and supervision and MSW interns. Each coach has advanced training to provide mental health and wellness services in their graduate education and receives ongoing supervision in a weekly staffing meeting. Additional information on our PD domain can be found in the Smith Hill et al. (2024) article.

### *Data Collection*

We used SPSS version 28.0 to analyze the PD-SS's descriptive statistics and measures of central tendency. Specifically, we were interested in understanding the mean scores of each Likert scale prompt. In addition to the mean scores, we analyzed the standard deviation, range of scores, and variance. We used descriptive statistics and measures of central tendency, as opposed to inferential statistics, due to the low sample size and purpose of the satisfaction survey. Cooksey (2020) remarked that descriptive statistics and measures of central tendency are an appropriate procedure when analyzing the results of a preliminary or single-site program appraisal as they provide a baseline understanding for continued assessment and exploration.

### *Qualitative Analysis*

Qualitative data were coded through thematic analysis, a method that involves identifying, analyzing, and reporting recurring patterns or themes within a dataset to gain a deeper understanding of the underlying meanings and concepts. Furthermore, we followed the six-step thematic analysis procedures outlined by Braun and Clarke (2022): 1) familiarization with the data, 2) generation of initial codes, 3) search for themes, 4) review themes, 5) define and name themes, and 6) produce the report. Codes ranged



from single words to short phrases that describe the essence of the participants' original responses. In addition, our research team was intentional throughout the thematic analysis to promote trustworthiness. Two research team members participated in the initial coding, while a third researcher served as an external auditor. Before beginning coding, all coders reviewed Braun and Clarke's (2022) thematic analysis procedures and clarified coding procedures. After identifying individual unique codes, the coders met to discuss independent codes, condensing areas of convergence, and comparing areas of divergence to the raw data. After the coding team agreed upon a list of codes, we identified themes representing the most significant findings from the participants' responses.

## Results

Through a CMMD (Creswell & Creswell, 2022), we collected and analyzed the quantitative and qualitative results simultaneously. The cumulative results are presented in the following sections.

### Quantitative Results

The descriptive statistics and measures of central tendency collected from the PD-SS are presented in Table 2. All but one of the prompts resulted in an average of four (i.e., agree) or higher. The outlier was item eight ( $M = 3.96$ ,  $SD = .751$ ), which asked about participants' satisfaction with self-advocacy skills. Furthermore, participants typically responded with a range of scores between three (i.e., neutral) and five (i.e., strongly agree). However, item six, which assessed overall wellness, and eight which assessed self-advocacy development, ranged between two (i.e., disagree) and five. A more detailed overview of participants' responses to the Likert scale items are presented in Table 3. Lastly, participant responses to items 12, which assessed overall satisfaction with PD services, suggested overall satisfaction with yearly PD services ( $M = 4.38$ ,  $SD = .711$ ).

**Table 3**

*Percentage of Responses to Personal Development Satisfaction Survey (PD-SS)  
Prompts*

Prompt	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	-	-	1 (4.2%)	13 (54.2%)	10 (41.7%)
2	-	-	2 (8.3%)	15 (62.5%)	7 (29.2%)
3	-	-	4 (16.7%)	9 (37.5%)	11 (45.8%)
4	-	-	6 (25%)	8 (33.3%)	10 (41.7%)
5	-	-	3 (12.5%)	14 (58.3%)	7 (29.2%)
6	-	1 (4.2%)	3 (12.5%)	12 (50%)	8 (33.3%)

Prompt	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7	-	-	4 (16.7%)	13 (54.2%)	7 (29.2%)
8	-	1 (4.2%)	4 (16.7%)	14 (58.3%)	5 (20.8%)
9	-	-	1 (4.2%)	16 (66.7%)	7 (29.2%)
10	-	-	1 (4.2%)	11 (45.8%)	12 (50%)
11	-	-	3 (12.5%)	9 (37.5%)	12 (50%)
12	-	-	1 (4.2%)	13 (54.2%)	10 (41.7%)

*Prompts can be found in Table 2*

## Qualitative Results

The thematic analysis of participant responses to open-ended questions on the PD-SS resulted in five themes: 1) Supported Development of Self-Determination, 2) Provided a Stable Outlet, 3) Learned Independent Living Skills, 4) Learned Aspects of Healthy Relationships, and 5) Recommended Additional Personal Centered Considerations. A visual representation of the themes can be found in Table 4.

**Table 4**

*Visual Representation of the Qualitative Themes Gathered from the Open-Ended Personal Development Satisfaction Survey (PD-SS) Prompts*

Theme	Subtheme(s)
I. Supported Development of Self-Determination	I.A. Learned Self-Regulation Strategies I.B. Learned Self-Advocacy Skills I.C. Increased Self-Awareness
II. Provided a Stable Outlet	
III. Learned Independent Living Skills	
IV. Learned Aspects of Healthy Relationships	
V. Recommended Additional Person-Centered Considerations	

### *Theme I: Supported Development of Self-Determination*

The first theme represented participant responses that indicated that their yearly PD services supported aspects of their self-determination (Shogren et al., 2006). Due to the diversity in participant responses, as well as the number of factors contributing to self-

development, we differentiated participant responses into three subthemes: 1) Learned Self-Regulation Strategies, 2) Learned Self-Advocacy Skills, and 3) Increased Self-Awareness.

**Subtheme A: Learned Self-Regulation Strategies.** When asked about their favorite parts of PD and what they learned, participants expressed that PD supported their ability to self-regulate their emotions, teaching them strategies for managing stress and anxiety. For instance, one participant stated that their favorite aspect of PD was, “learning how to manage my stress.” This was echoed by other participants in questions about lessons learned in PD. In addition, participants reflected on how PD supported their regulation of specific emotions. As such, a participant shared, “I learned how to control my anger” within PD sessions. Other participants elaborated on specific strategies learned in PD, such as, “It’s ok to take a breather and chill out for a second.”

**Subtheme B: Learned Self-Advocacy Skills.** When asked about their favorite part about PD, participants commonly reported that they enjoyed learning skills to enhance their potential to self-advocate. Multiple participants directly responded, “how to become a better self-advocate,” or something similar, when asked about their favorite aspect of PD. Moreover, participants reflected on specific self-advocacy strategies, such as learning to set boundaries and the importance of telling others about how they are feeling to advocate for themselves.

**Subtheme C: Increased Self-Awareness.** The last aspect of our participants’ self-determination supported through PD was their self-awareness. In particular, participants reflected on how PD supported a deeper understanding of themselves and aspects of their identity. Broadly, one participant recounted that they “learned more about myself” through the PD process. More specifically, another participant responded, “One thing I learned about in PD this year was expressing to my PD coach about sexuality.” These reports are corroborated by another participant who claimed, “My favorite part about PD was learning about myself and expressing how I feel inside.” Our research team noted that the last report documented the influence that one aspect of self-determination (i.e., self-awareness) had on other aspects (i.e., self-advocacy).

### *Theme II: Provided a Stable Outlet*

The second theme reflects the notion that our participants knew they had a weekly space to process what was happening in their lives with a trained coach or provider. All coded statements for the second theme were from the first prompt (i.e., favorite part about PD) and participant responses varied on how they used their weekly meeting. Some of our participants generally reflected on how they enjoyed “hanging” out with their PD coach weekly, sharing appreciation for the time with someone to talk to about their lives. In addition, participants commonly noted how PD allowed them to talk about their hobbies and interests with someone invested in their growth. For example, one participant responded, “what my favorite part in PD was that we just talked about how my life is going through the whole semester including with my rock band and keeping updated on when the gigs and places to go.” Lastly, participants stated that PD meetings not only gave them a safe space to talk, but that they were also able to leave with guidance, as represented

by one participant's response, "I could talk about anything and bring my issues; PD coaches gave me helpful advice and tools."

### *Theme III: Learned Independent Living Skills*

The third theme documents participant codes representing aspects of independent living skills during and after their IPSE program experience. Participant responses ranged from general discussions about being more independent to specific skills to support their independent living after graduation. When asked about their favorite part about PD, one participant generally responded, "learn how to be independent and living." This notion was corroborated through numerous similar responses. Furthermore, our participants expanded on specific skills learned when answering the second prompt (i.e., something learned through PD). For instance, one participant stated, "learned how to ride the (local) bus," as a skill they were able to use during and after their IPSE program. Another participant answered, "learning how much healthy food you should eat," as a strategy to enhance physical wellness understanding. As IPSE programs traditionally have an overarching goal to support independent living skills after program completion (Plotner & Marshall, 2015), participants appeared to be acutely aware of new skills learned and developed through PD.

### *Theme IV: Learned Aspects of Healthy Relationships*

The fourth theme represents lessons learned about forming and maintaining healthy relationships. In addition, this theme encompasses identifying warning signs of potentially unhealthy relationships. As part of our IPSE's general curriculum, our student participants engage in a course sequence in healthy relationships; however, this theme expands upon the individualized support that students receive in relationship education. Participants commonly reflected on specific strategies to build healthy relationships, such as setting boundaries. For instance, one participant responded, "I think one last thing was when I talked about relationships but in a good way of how you set yourself boundaries with loved ones and friends." Participants also commonly noted that PD helped them stay out of "drama," declaring that drama distracts them from forming healthy relationships. Finally, another participant demonstrated how learning about healthy relationships has supported other aspects of their development, sharing, "I learned about boundaries and advocating for myself after I set a boundary."

### *Theme V: Recommended Additional Person-Centered Considerations*

The last theme captures feedback that our student participants provided in the third prompt (i.e., feedback and suggestions). Overall, participant feedback to improve future PD services instilled opportunities for our team to implement additional individualized attention to each student. First, participants recommended considerations for time of services; both additional and reduced time with their PD coach. Where one student suggested, "I would like more time with PD coach," other students commented, "not every week," and "have it for 30 min instead of one hour." Next, participants recommended additional wellness support, as one student stated, "they should be more guided wellness sessions." Lastly, participants suggested that PD appointments could be an opportunity

for them to connect more with the campus, such as additional support on how to join student organizations and a better understanding of university rules and responsibilities.

## Discussion

In this study, we explored IPSE student perceptions of their PD domain experience at a large southeastern university. Overall, students reported an overall satisfaction with their PD experience (quantitative prompt 12) and believed that IPSE programs should have support similar to what they received in the PD domain (quantitative prompt 10). Our preliminary findings suggest promise for the PD domain to support the mental health and wellness development and maintenance of college students with IDD. This section will further discuss identified general IPSE program goals, as well as practical implications, limitations, and future research directions.

### Self-Determination

In special education literature, self-determination is defined as “acting as the primary causal agent in one’s life and making choices and decisions regarding one’s quality of life free from undue external influences or interference” (Palmer & Wehmeyer, 1998; p. 128). Burke and colleagues (2020) state that there is a specific set of skills related to self-determination: choice-making, decision-making, problem-solving, goal-setting and attainment, planning, self-management, self-advocacy, self-awareness, and self-knowledge. A number of these specific skills, and the overall self-determination construct, inform our PD domain of support, and therefore were directly assessed in the satisfaction survey (quantitative prompts 4, 7, & 8). The rationale for enhancing a young adult’s self-determination and the component skills therein is myriad. Mazzotti and colleagues (2021) recognized high levels of self-determination as one of several predictors of post-school success for students with IDD. Perhaps even more importantly, there is a theoretical and intuitive connection between self-determination and quality of life (Lachapelle et al., 2005; Wehmeyer, 2020). For the majority of participants, PD played a part in their belief that they were in charge of their life decisions and choices (quantitative prompt 4). Also, many participants responded that PD supported them in becoming more self-aware (quantitative prompt 7) and becoming better self-advocates (quantitative prompt 8).

From birth, humans are primed to actively engage in their own growth, and self-determination theory adds to this postulation by placing a focus on how social environments can either diminish or support a person’s natural intrinsic motivation (Deci & Ryan, 2013). People inherently pursue what interests them, and enhanced autonomy enables volitional action. Study participants overwhelmingly indicated that PD enhances their learning to be more independent (quantitative prompt 3), a concept closely related to autonomy. Also, the autonomy to pursue and ultimately achieve goals of one’s choosing (quantitative prompt 9) is strongly linked to the level of self-determination a person feels, coupled with the opportunity afforded for pursuit. Participants expressed their feelings of autonomy afforded through the PD domain.

---

## Life Skills Development

The overarching aim of IPSE programs is to prepare college students with IDD to live independently to the best of their ability through the development of critical life skills (Freedman et al., 2022; Plotner & Marshall, 2015). Our results suggested that our participants perceived that their PD coaching supported the development of their life skills for independent living (quantitative prompt 3; qualitative theme III). Examples of life skills described by our participants included food preparation, using public transportation, social skills development, hygiene practices, and healthy relationship education. The breadth of life skills reflects the range of support requested by student participants and the flexibility of the PD domain to meet their diverse needs. Our PD domain also expands on previous research studying university programming to support mental health through life skills training (Savoji & Ganji, 2013) by documenting an approach specifically for college students with IDD. Moreover, our results are encouraging for students' perception of developing life skills in their IPSE program. The student perception parallels the parent perception of the importance of an IPSE program addressing multiple life skills identified through a three-round Delphi study (Sheen et al., 2022).

Through attention to life skills development, IPSE programs also support their students in addressing multiple aspects of their wellness. Our PD domain documented an effort to support the development and maintenance of wellness behaviors to promote an independent life (quantitative prompt 6; qualitative theme IV). Previous IPSE scholars have introduced programming for specific aspects of wellness, such as physical wellness (Roberts et al., 2018) and emotional wellness (Fields et al., 2024). Additionally, our PD domain offers an additional holistic wellness service with preliminary evidence.

## Person-Centered Approach

A person-centered framework places the individual at the core of the therapeutic process (Rogers, 1986), emphasizing the importance of creating a supportive and non-judgmental environment where individuals feel secure in exploring their thoughts, feelings, and experiences. Employing a person-centered framework when counseling individuals with IDD has led to increased community engagement, the establishment of supportive social networks, and self-determination (Glicksman et al., 2017; Hagner et al., 2014). Our student participants placed importance on having an identified person with whom they can share their inner experiences, highlighting the need for a space where students can reflect, ask questions, and process their thoughts and experiences in a non-judgmental space (qualitative theme II).

Moreover, a person-centered approach empowers students with IDD to be active participants in shaping their academic and social experiences in college (Ratti et al., 2016). By acknowledging the individuality of each student and providing access to resources and guidance in self-advocacy, counselors can foster a sense of agency and self-determination (Roberts & Abery, 2023). In adopting this approach, emphasis is placed on supporting the individual in creating an environment based on their own choices, in which the power is given back to the student to make these choices (Klatt et al., 2002). Our results indicate that students benefit from individualized support in which PD coaches can

assess their specific needs and co-create meaningful goals in which students are invested and willing to make progress (qualitative theme V; quantitative prompt 1, 9).

Furthermore, a person-centered approach encourages students with IDD to take ownership of their strengths and growth edges, fostering a sense of agency and self-determination (quantitative prompt 2; Roberts & Abery, 2023). By recognizing each student's unique strengths and approaching them with genuineness and empathy, PD coaches can help students develop resilience and self-advocacy skills that are essential when working with IHE (quantitative prompt 5, 11). Thus, the PD coaches in IPSE programs have the opportunity to utilize a person-centered lens that fosters growth, resilience, self-advocacy, and agency, ultimately facilitating success in their personal and academic lives.

## Implications

The overall aim of our report was to further document our IPSE's PD domain (Smith Hill et al., 2024) with preliminary support from our students' experiences and perceptions. Moreover, Lee et al. (2021) reported a lack of literature surrounding IPSE programming that is more general (i.e., not a targeted intervention for a specific skill) and our PD domain targets multiple aspects of mental health and wellness. Therefore, IPSE program administration, staff, scholars, and various stakeholders may consider adapting our PD domain to their unique program model(s). We acknowledge that the development of our PD domain involved an extensive process of forming relationships among IPSE, counselor education, social work, and special education faculty, staff, and students. Moreover, we have continuously evaluated our model of support from staff and student perspectives, as well as challenged barriers to mental health and wellness for college students with IDD (e.g., lack of competent providers and accessible campus resources). Our student participants pointed out that mental health and wellness cannot be a one-size-fits-all model. It is recommended that we consider additional strategies to tailor the PD domain to their personal needs. We encourage IPSE programs to collaborate with their students on how to meet their mental health and wellness needs through targeted programming.

We also recognize that absolute replication may be unfeasible for every IPSE program. We recommend considering the preliminary evidence from our single-site results holistically and understanding specific program needs. For example, not every program will have access to counselor education or social work students to staff a PD domain. The IPSE program may consider a structured mental health and/or wellness program that does not utilize counseling or social work skills (please see Oakes et al. 2020a for additional recommendations). When adapting PD to meet program-specific needs, we also encourage programs to adapt the PD-SS to assess their students' satisfaction with services. Furthermore, an IPSE program may consider implementing a needs assessment for their students' mental health and wellness to gauge specific interventions to support this traditionally underserved domain of individuals with IDD. Finally, we recommend that IPSE programs implementing or adapting aspects of the PD domain continue to appraise the process to understand and demonstrate best practices.

## Limitations and Future Research

In light of our findings and recommendations, we acknowledge the limitations of our report and the need for continued investigation. Primarily, our results should not be interpreted as causal or generalizable, as this was considered a preliminary investigation. Moreover, the results are from a single IPSE program and an internally developed satisfaction survey (PD-SS). Future IPSE program scholars are encouraged to replicate or adapt the PD domain for their respective programs and document student perceptions and experiences for continued investigation through multiple analyses. Next, additional measures are needed to establish the PD domain, or domain aspects, as an evidence-based approach, specifically, the use of multiple validated measures that can document repeated progress throughout an academic year. While we recommend prompts in the PD-SS for understanding student satisfaction, we support Lee et al.'s (2021) recommendation that IPSE programs need to produce scholarship that documents student outcomes for their duration (i.e., validated measurement strategies). For aspects related to the PD domain, we recommend that future scholars consider longitudinal assessment strategies, such as the Health-related Quality of Life Measure for Persons with Intellectual And Developmental Disabilities (HRQoL-IDD; Pett et al., 2021). Also, our results represent a cross-sectional view of 24 student experiences. Therefore, we used descriptive statistics, as opposed to inferential or more advanced statistics, to represent our data. If future scholars are using repeated validated measures throughout the year, we encourage scholarship to use more advanced statistics and analyses to demonstrate outcomes. Lastly, our cross-sectional results generally analyze IDD, as opposed to a more specific view of an intellectual disability (ID) or a developmental disability (DD). Future scholarship may benefit from targeted investigations into the perceptions and experiences of college students with ID and DD separately.

## Conclusion

There is a need for IPSE programs to provide additional mental health and wellness support for college students with IDD. Our IPSE program developed the PD domain to meet the mental health and wellness needs of our students and we are continuing to assess the perceptions and experiences of our students. This study presents the quantitative and qualitative findings of an annual satisfaction survey (PD-SS) for 24 college students with IDD in an IPSE program. Generally, our student participants perceived the PD domain as a positive support that contributed to their mental health and wellness. In addition, participants reported the benefit of PD to their college experience and preparedness for an independent life after college. We note that our findings should be considered preliminary, and additional scholarship is needed to demonstrate the effectiveness of our PD domain.



---

References

- Attkisson, C. (1996). The client satisfaction questionnaire (CSQ) scales. In *Measures for Clinical Practice: A Sourcebook*. Oxford University Press.
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3-26. <https://doi.org/10.1037/qup0000196>
- Brubaker, M. D., & Sweeney, T. J. (2021). Wellness and wellness counseling: History, status, and future. *Counselor Education and Supervision*, 61(1), 25-37. <https://doi.org/10.1002/ceas.12222>
- Buckles, J., Luckasson, R., & Keefe, E. (2013). A systematic review of the prevalence of psychiatric disorders in adults with intellectual disability, 2003-2010. *Journal of Mental Health Research in Intellectual Disabilities*, 6(3), 181-207. <https://doi.org/10.1080/19315864.2011.651682>
- Burke, K. M., Raley, S. K., Shogren, K. A., Hagiwara, M., Mumbardo-Adam, C., Uyanik, H., & Behrens, S. (2020). A meta-analysis of interventions to promote self-determination for students with disabilities. *Remedial and Special Education* 41(3), 176-188. <https://doi.org/10.1177/0741932518802274>
- Butler, L. N., Sheppard-Jones, K., Whaley, B., Harrison, B., & Osness, M. (2016). Does participation in higher education make a difference in life outcomes for students with intellectual disability? *Journal of Vocational Rehabilitation*, 44(3), 295-298. <https://doi.org/10.3233/JVR-160804>
- Carothers, D., Aydin, H., & Halpern, C. (2021). Campus attitudes toward academic and social inclusion of students with intellectual disability. *Journal of Curriculum Studies Research*, 3(2), 122-147. <https://doi.org/10.46303/jcsr.2021.2>
- Cimera, R. E., Thoma, C. A., Whittenburg, H. N., & Ruhl, A. N. (2018). Is getting a postsecondary education a good investment for supported employees with intellectual disability and taxpayers? *Inclusion*, 6(2), 97-109. <https://doi.org/10.1352/2326-6988-6.2.97>
- Coduti, W. A., Hayes, J. A., Locke, B. D., & Youn, S. J. (2016). Mental health and professional help-seeking among college students with disabilities. *Rehabilitation Psychology*, 61(3), 288-296. <https://doi.org/10.1037/rep0000101>
- Cooksey, R. W. (2020). Descriptive statistics for summarising data. In R. W. Cooksey (Ed.), *Illustrating statistical procedures: Finding meaning in quantitative data* (pp. 61-139). Springer. [https://doi.org/10.1007/978-981-15-2537-7\\_5](https://doi.org/10.1007/978-981-15-2537-7_5)
- Creswell, J. W., & Creswell, J. D. (2022). *Research design: Qualitative, quantitative, and mixed methods approaches* (6th edition). Sage.
- Deci, E. L., & Ryan, R. M. (2013). The importance of autonomy for development and well-being. In B. W. Sokol, F. M. E. Grouzet, & U. Mueller (Eds.), *Self-regulation and autonomy* (pp. 19-46). Cambridge University Press.
- Dolmage, J. T. (2017). *Academic ableism: Disability and higher education*. University of Michigan Press.
- Fields, A. M., Lewis, O. J., Castle, M., Smith Hill, R. B., & Stinnett, C. V. (2024). College students with intellectual and developmental disabilities' experiences, conception, and development of emotional wellness. *Intellectual and Developmental Disabilities*. <https://doi.org/10.1352/1934-9556-62.4.274>
- Freedman, B., Lackey, J., & Becht, K. (2022). Developing a college program for students with intellectual disability. *How to Think College*, 13. Institute for

- Community Inclusion, University of Massachusetts Boston. Retrieved from [https://thinkcollege.net/sites/default/files/files/resources/HTTC\\_13\\_Developing%20a%20College%20Program\\_R.pdf](https://thinkcollege.net/sites/default/files/files/resources/HTTC_13_Developing%20a%20College%20Program_R.pdf)
- Glicksman, S., Goldberg, C., Hamel, C., Shore, R., Wein, A., Wood, D., & Zummo, J. (2017). Rights-based and person-centered approaches to supporting people with intellectual disability: A dialectical model. *Intellectual and Developmental Disabilities, 55*(3), 181-191. <https://doi.org/10.1352/1934-9556-55.3.181>
- Gunin, G. B., Gravino, A., & Bal, V. H. (2021). Advancing mental health supports for autistic postsecondary students: A call for research. *Autism in Adulthood: Challenges and Management, 3*(1), 30-36. <https://doi.org/10.1089/aut.2020.0044>
- Hagner, D. C., Kurtz, A., May, J., & Cloutier, H. (2014). Person-centered planning for transition-aged youth with autism spectrum disorders. *Journal of Rehabilitation 80*(4). <https://nationalrehab.org/journal-of-rehabilitation>
- Harrison, A. J., Bisson, J. B., & Laws, C. B. (2019). Impact of an inclusive postsecondary education program on implicit and explicit attitudes toward intellectual disability. *Intellectual and Developmental Disabilities 57*(4), 323-336. <https://doi.org/10.1352/1934-9556-57.4.323>
- Hernández-Torrano, D., Ibrayeva, L., Sparks, J., Lim, N., Clementi, A., Almukhambetova, A., Nurtayev, Y., & Muratkyzy, A. (2020). Mental health and well-being of university students: A bibliometric mapping of the literature. *Frontiers in Psychology, 11*. <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2020.01226>
- Higher Education Opportunity Act (HEOA), Pub. L. No. 110-315 (2008). Retrieved January 12, 2024 from <https://www.govinfo.gov/content/pkg/PLAW-110publ315/pdf/PLAW-110publ315.pdf>
- Klatt, K. P., Bannermann Juracek, D., Norman, K. R., McAdam, D. B., Sherman, J. A., & Bowen Sheldon, J. A. (2002). Evaluating preferred activities and challenging behavior through person-centered planning. In S. Holburn & P. M. Vietze (Eds.), *Person-centered planning. Research, oractice, and future directions* (pp. 315-332). Paul H. Brookes Publishing Co.
- Lachapelle, Y., Wehmyer, M. L., Haelewyck, M.-C., Courbois, Y., Keith, K. D., Shalock, R., Verdugo, P., & Walsh, N. (2005). The relationships between quality of life and self-determination: An international study. *Journal of Intellectual Disability Research 49*(10), 740-744. <https://doi.org/10.1111/j.1365-2788.2005.00743.x>
- Lake, J. K., Jachyra, P., Volpe, T., Lunskey, Y., Magnacca, C., Marcinkiewicz, A., & Hamdani, Y. (2021). The wellbeing and mental health care experiences of adults with intellectual and developmental disabilities during COVID-19. *Journal of Mental Health Research in Intellectual Disabilities, 14*(3), 285-300. <https://doi.org/10.1080/19315864.2021.1892890>
- Lee, C. E., Day, T., Carter, E. W., & Taylor, J. L. (2021). Examining growth among college students with intellectual and developmental disability: A longitudinal study. *Behavior Modification, 45*(2), 324-348. <https://doi.org/10.1177/0145445520982968>

- Lee, C. E., & Taylor, J. L. (2022). A review of the benefits and barriers to postsecondary education for students with intellectual and developmental disabilities. *The Journal of Special Education*, 55(4), 234-245. <https://doi.org/10.1177/00224669211013354>
- Mazzotti, V. L., Rowe, D. A., Kwiatek, S., Voggt, A., Chang, W. -H., Fowler, C. H., Poppen, M., Sinclair, J., & Test, D. W. (2021). Secondary transition predictors of postschool success: An update to the research base. *Career Development and Transition for Exceptional Individuals* 44(1), 47-64. <https://doi.org/10.1177/2165143420959793>
- McCabe, L. E., Hall, C. G., Carter, E. W., Batey Lee, E., & Bethune-Dix, L. K. (2022). Faculty perspectives on the appeal and impact of including college students with intellectual disability. *Inclusion* 10(1), 71-86. <https://doi.org/10.1352/2326-6988-10.1.71>
- McKnight-Lizotte, M., Dimond, E., Landon, T. J., Gerald, M., & Reeves, S. M. (2021). Mental health needs for students enrolled in inclusive postsecondary education programs. *Journal of Inclusive Postsecondary Education* 3(1). <https://doi.org/10.13021/jipe.2021.2925>
- Oakes, L., Hickerson, B., & Milroy, J. J. (2020a). Let's talk about health: Engaging college students with intellectual and/or developmental disabilities and support staff in conversations about health and wellness needs. *Journal of Inclusive Postsecondary Education* 2(1), 1-22. <https://doi.org/10.13021/jipe.2020.2476>
- Oakes, L., Milroy, J. J., & Hickerson, B. (2020b). Health disparities and health promotion needs of college students with intellectual and/or developmental disabilities: A systematic literature review. *Journal of American College Health* 68(7), 742-753. <https://doi.org/10.1080/07448481.2019.1615495>
- Office of the Surgeon General. (2021). *Protecting youth mental health: The US surgeon general's advisory*. Retrieved January 12, 2024 from <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- Ohr, J. H., Clarke, P. B., & Conley, A. H. (2019). *Wellness counseling: A holistic approach to prevention and intervention*. American Counseling Association.
- Oswalt, S. B., Lederer, A. M., Chestnut-Steich, K., Day, C., Halbritter, A., & Ortiz, D. (2020). Trends in college students' mental health diagnoses and utilization of services, 2009-2015. *Journal of American College Health*, 68(1), 41-51. <https://doi.org/10.1080/07448481.2018.1515748>
- Palmer, S. B., & Wehmeyer, M. L. (1998). Students' expectations of the future: Hopelessness as a barrier to self-determination. *Intellectual and Developmental Disabilities* 36(2), 128-136. [https://doi.org/10.1352/0047-6765\(1998\)036<0128:SEOTFH>2.0.CO;2](https://doi.org/10.1352/0047-6765(1998)036<0128:SEOTFH>2.0.CO;2)
- Pett, M. A., Guo, J., Cardell, B., Johnson, E. P., Guerra, N., & Clark, L. (2021). Psychometric properties of a brief self-reported health-related quality of life measure (HRQoL-IDD) for persons with intellectual and developmental disabilities. *Journal of Applied Research in Intellectual Disabilities*, 34(3), 877-890. <https://doi.org/10.1111/jar.12831>

- Plotner, A. J., & Marshall, K. (2015). Postsecondary education programs for students with an intellectual disability: Facilitators and barriers to implementation. *Intellectual and Developmental Disabilities* 53, 58-69. <https://doi.org/10.1352/1934-9556-53.1.58>
- Prohn, S. M., Kelley, K. R., & Westling, D. L. (2018). Students with intellectual disability going to college: What are the outcomes? A pilot study. *Journal of Vocational Rehabilitation*, 48(1), 127-132. <https://doi.org/10.3233/JVR-170920>
- Ratti, V., Hassiotis, A., Crabtree, J., Deb, S., Gallagher, P., & Unwin, G. (2016). The effectiveness of person-centered planning for people with intellectual disabilities: A systematic review. *Research in Developmental Disabilities*, 57, 63-84. <https://doi.org/10.1016/j.ridd.2016.06.015>
- Roberts, D. A., Herring, M., Plotner, A., & Roach, A. (2018). Physical activity in inclusive postsecondary education for students with intellectual disability. *Journal of Postsecondary Education and Disability*, 31(3), 239-252. <https://www.ahead.org/professional-resources/publications/jped>
- Rogers, C. R. (1986). Carl Rogers on the development of the person-centered approach. *Person-Centered Review*, 1(3), 257-259.
- Roberts, M. A., & Abery, B. H. (2023). A person-centered approach to home and community-based services outcome measurement. *Frontiers in Rehabilitation Sciences*, 4. <https://doi.org/10.3389/fresc.2023.1056530>
- Sannicandro, T., Parish, S. L., Fournier, S., Mitra, M., & Paiewonsky, M. (2018). Employment, income, and SSI effects of postsecondary education for people with intellectual disability. *American Journal on Intellectual and Developmental Disabilities*, 123(5), 412-425. <https://doi.org/10.1352/1944-7558-123.5.412>
- Savoji, A. P., & Ganji, K. (2013). Increasing mental health of university students through life skills training (LST). *Procedia - Social and Behavioral Sciences*, 84, 1255-1259. <https://doi.org/10.1016/j.sbspro.2013.06.739>
- Shallish, L. (2017). A different diversity? Challenging the exclusion of disability studies from higher education research and practice. In E. Kim & K. C. Aquino (Eds.), *Disability as diversity in higher education*, (pp. 19-30). Routledge.
- Sheen, J., Aller, T., Morgan, R., & Kipping, K. C. (2022). Parent perspectives on preparing students with intellectual disabilities for inclusive postsecondary education. *Journal of Inclusive Postsecondary Education*, 3(2), Article 2. <https://doi.org/10.13021/jipe.2021.2947>
- Shogren, K. A., Rifenbark, G. G., & Hagiwara, M. (2021). Self-determination assessment in adults with and without intellectual disability. *Intellectual and Developmental Disabilities*, 59(1), 55-69. <https://doi.org/10.1352/1934-9556-59.1.55>
- Shogren, K. A., Wehmeyer, M. L., Palmer, S. B., Soukup, J. H., Little, T. D., Garner, N., & Lawrence, M. (2007). Examining individual and ecological predictors of the self-determination of students with disabilities. *Exceptional Children* 73(4), 488-509. <https://doi.org/10.1177/001440290707300406>
- Shogren, K. A., Wehmeyer, M. L., Reese, R. M., & O'Hara, D. (2006). Promoting self-determination in health and medical care: A critical component of addressing health disparities in people with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 3(2), 105-113. <https://doi.org/10.1111/j.1741-1130.2006.00061.x>

- Smith Hill, R. B., Stinnett, C. V., Plotner, A. J., Fields, A. M., Lewis, O., & Castle, M. (2024). An inclusive postsecondary education (IPSE) program's interdisciplinary personal development model of support: Theoretical underpinnings and practices from counseling, social work, and special education. *Inclusive Practices*, 3(1-2), 3-13. <https://doi.org/10.1177/27324745231224405>
- Think College. (2023). Think college search. <https://thinkcollege.net/college-search>
- Wehmeyer, M. L. (2020). The importance of self-determination to the quality of life of people with intellectual disability: A perspective. *International Journal of Environmental Research and Public Health* 17(19), 7121. <https://doi.org/10.3390/ijerph17197121>
- Whittle, E. L., Fisher, K. R., Reppermund, S., Lenroot, R., & Trollor, J. (2018). Barriers and enablers to accessing mental health services for people with intellectual disability: A scoping review. *Journal of Mental Health Research in Intellectual Disabilities*, 11(1), 69-102. <https://doi.org/10.1080/19315864.2017.1408724>
- Williams, W. M., & Ceci, S. J. (1999). Accommodating learning disabilities can bestow unfair advantages. *Chronicle of Higher Education*, B4-B5. Retrieved January 12, 2024 from <https://www.chronicle.com/article/accommodating-learning-disabilities-can-bestow-unfair-advantages/>