



**BOISE STATE UNIVERSITY**

**UNDERGRADUATE STUDENT STRESS & RESILIENCE:  
PROJECT REPORT**

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## EXECUTIVE SUMMARY

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We surveyed Boise State University students on a number of variables related to their stress and well-being. The following summary overviews key findings from the student surveys.

*Overall, students reported moderate to high levels of well-being based on our survey measures. However, there is a small but significant number of students we would classify as at risk for mental health issues and in need of additional support.*

### Sample

- 683 students completed the stress and resilience survey.
- 128 students were freshman, 218 sophomores, 180 juniors, 126 seniors, and 31 other.
- 416 students identified as female, 260 as male, 3 as non-binary, and 2 did not specify.

### Key Findings

- **Psychological Distress:** 69.5% of students were classified as high or very high in psychological distress, indicating a risk of mental health disorder.
- **Perceived Stress:** 81.8% of students indicated moderate stress and 7.8% high stress.
- **Loneliness and School Belonging:** 24% of students were high to very high in loneliness. 14% of students were low to very low in school belonging.
- **Coping:** 38% of students reported using maladaptive coping strategies (denial and self-blame) to some degree.
- **Self-harm:** 6.8% of students reported using self-harm coping strategies (e.g., physical harm, suicidal ideation).
- **Social Support:** Many students reported rarely or never receiving informational support (41%), esteem support (37%), and emotional support (21%) from people they know.
- **Resilience and Satisfaction with Life:** 94% of students rated themselves moderate to high in resilience, and 46% reported above average or extremely high life satisfaction.

### Recommendations

- **Build resilience-based skills into the classroom:** Faculty should be taught and encouraged to incorporate coping skills and opportunities for social connection, inclusivity, empathy, mindfulness, failure, and life purpose into classrooms.
- **Create resilience-specific courses:** Develop courses that focus on resilience and enable programmatic connection and reflection that can be incorporated into existing curricula.
- **Focus programs on under-supported student groups:** Increase efforts to improve social connectedness for first-generation students, commuter students, and transfer students who may be especially at risk for high stress and academic attrition.
- **Use strategies developed in high-retention programs:** Implement peer-led mentoring, offer support and mentoring contacts outside of advising and throughout the college experience, and create small classes that allow for building connection and relationships.

## Table of Contents

Introduction .....	4
Procedures .....	5
Student Demographics .....	5
Psychological Distress .....	7
Perceived Stress .....	8
Satisfaction with Life .....	9
Self-esteem.....	10
Perfectionism .....	11
Loneliness .....	12
Sense of School Belonging .....	13
Social Support: Desired and Received.....	14
Resilience .....	16
Coping Behaviors.....	17
Practical Recommendations.....	19
References .....	20
Contact Information .....	21
Acknowledgements .....	21

## INTRODUCTION

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Mental health issues among university student populations are a major concern in the United States. According to the American College Health Association Survey (ACHA, 2016), 50.4% of students reported experiencing three or more life issues that were traumatic or very difficult to handle (e.g., academics, family problems, intimate relationships, finances) within the past 12 months. Likely due to compounding stressors, 54.7% of college students reported feeling above average or tremendous levels of stress, 58.4% reported feeling overwhelming anxiety, 65% reported feeling very sad, and 36.7% reported feeling so depressed it was difficult to function.

Although moderate stress levels can motivate students to excel, increased stress and mental health issues can have deleterious consequences. For example, high stress can exacerbate behavioral health issues such as binge drinking, drug use, self-injurious behavior, eating disorders, and even suicide (Douce & Keeling, 2014). Decreases in mental health can also impact student learning, performance, persistence, and success (Douce & Keeling; Hartley, 2011). When asked what factors affected their academic performance, students rated stress (31.8%), anxiety (23.2%), and depression (15.4%) at the top (ACHA, 2016). Based on these reports, it is imperative, from student, university and community perspectives, for campus stakeholders to address student mental health in collaborative and innovative ways.

One promising approach to addressing student health challenges is through the development of resilience, or the ability to adapt under great stress (Masten, 2001). Risk factors, or challenges to health and well-being (e.g., stress, anxiety/depression, loneliness, perfectionism) undermine individuals' resilience. On the other hand, protective factors (e.g., support, coping, belonging, self-esteem) support successful outcomes under high-risk circumstances (Masten & Reed, 2002). Inter- and intrapersonal resilience factors are important for academic persistence and well-being, and both should be addressed to promote student health in higher education (Hartley, 2011). If students learn and utilize protective personal qualities and external resources, they might be more apt to withstand the challenges of the college environment and even excel.

In response to recent national reports of student mental health concerns, and to better understand the risk and resilience factors of Boise State students, we collected surveys from 683 undergraduate students. In this summary report, we describe the results from the surveys. Our goal is to provide information necessary for taking the next steps toward improving the mental health of our students in the Boise State University community.

## PROCEDURES

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Following IRB approval, the researchers contacted Boise State University instructors (upper- and lower-division courses; required and non-required courses) to ask if they would allow researchers to collect data in their classes. If instructors were open to the project, one of the researchers scheduled a time for data collection at the beginning or end of class. Prior to data collection, researchers explained the study rationale, overviewed how the results of the study would be utilized, indicated that participation was optional, and then asked if students would be willing to complete the surveys. Measures included in the surveys are described in each section below. Survey measures differed slightly between the two data collection periods, so total participants differ accordingly.

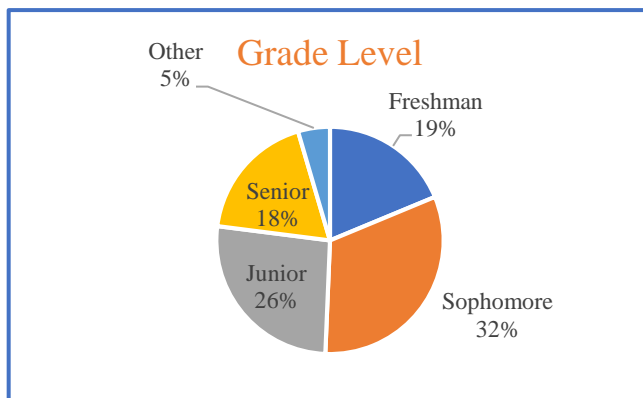
If students agreed to participate, they provided consent and completed surveys independently. Data collection took on average 15-30 minutes. Students provided contact information on a separate page to be entered into a drawing for a \$20 Amazon gift card. All data collection occurred during the 2019 Spring and Fall semesters.

## STUDENT DEMOGRAPHICS

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In total, 683 students completed the survey on resilience and several constructs related to student resilience. In this total, 428 completed the survey during the spring 2019 semester and 255 completed the survey during the fall 2019 semester. The sample consisted of students from all grade levels (freshman,  $n = 128$ ; sophomore,  $n = 218$ ; junior,  $n = 180$ ; senior,  $n = 126$ ; and other,  $n = 31$ ; see Figure 1). The sample included more female students ( $n = 416$ ) than male students ( $n = 260$ ); 3 students identified as non-binary and 2 did not specify. Similar to the larger Boise State University student population, a majority of students in the sample identified as Caucasian/White ( $n = 535$ ). See Table 1 for details on respondents' reported ethnicity.

**Figure 1. Respondents' grade levels**



**Table 1. Respondents' ethnicities**

Caucasian/White	535
Mixed Ethnicity	39
Hispanic/Latinx	34
Other	20
Black/African American	17
Asian	15
Pacific Islander	8
Native-American	4

In addition to personal identity characteristics, students indicated their mothers' and fathers' education levels. This measure was an indirect marker of socioeconomic status. In terms of mothers' education level, over half of respondents indicated their mother had at least a 4-year college degree (58.8%; see Table 2 for all responses). For fathers' education level, students indicated similar results with over half of students indicating their father held at least a 4-year college degree (51.5%; see Table 3 for all responses).

**Table 2. Mothers' highest education level**

Some High School	23
High School Graduate	115
Some College	142
College Graduate	275
Master's Degree	114
JD, PhD, or MD	12

**Table 3. Fathers' highest education level**

Some High School	31
High School Graduate	141
Some College	156
College Graduate	215
Master's Degree	98
JD, PhD, or MD	35

Finally, in the Fall 2019 data collection, we added questions asking respondents about their current living arrangements. A majority of students reported living off campus ( $n = 255$ ); a small number reported living in a residence hall ( $n = 36$ ) or Living and Learning Community ( $n = 3$ ). More Living and Learning Community students are represented in the overall results because data was collected in two Living and Learning classrooms during the Spring 2019 data collection. A majority of students ( $n = 216$ ) lived in Boise, but nearly 13% of respondents lived outside of city limits ( $n = 33$ ). Finally, a majority of students lived with same-age peers ( $n = 204$ ); other students lived with a parent/guardian ( $n = 35$ ), with a partner/spouse ( $n = 19$ ), or in another living situation such as with other family members, alone, or with a non-relative who was not a peer ( $n = 19$ ).

## PSYCHOLOGICAL DISTRESS

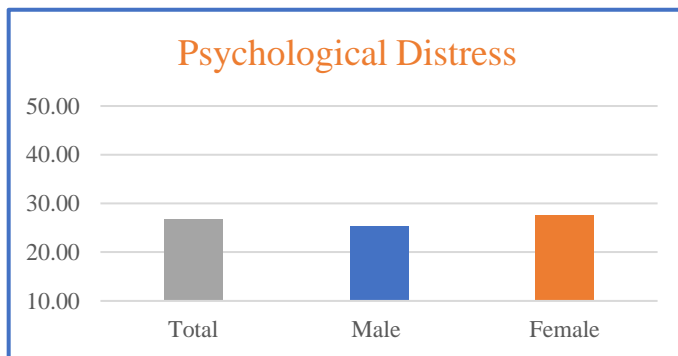
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Psychological distress is a proxy to measure signs and symptoms of anxiety and depression. We used the Kessler Psychological Distress Scale (Kessler et al., 2002) that assesses emotional states associated with anxiety and depression. While the Kessler Psychological Distress Scale is not used for diagnosis, it has been used for screening and alerting health professionals who might benefit from a possible referral. Psychological distress is measured on a 1-5 scale.

Students in our sample ( $n = 676$ ) had moderate levels of psychological distress ( $M = 26.7$ ). Males and females viewed their psychological distress differently, with females higher ( $m = 27.5$ ) than males ( $m = 25.4$ ). See Figure 2.

**Figure 2.**

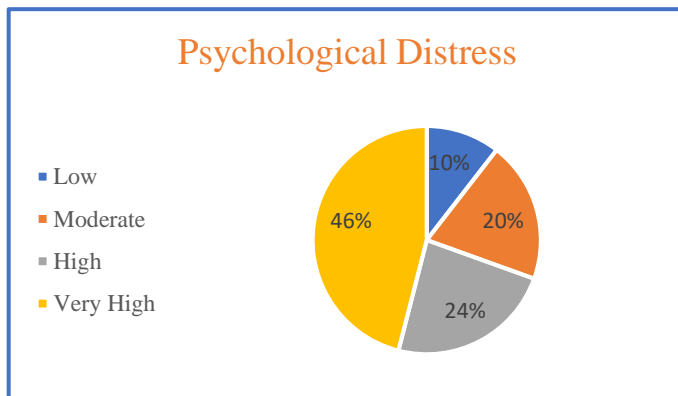
*Psychological distress score means for total sample, males, and females*



The Kessler Psychological Distress Scale is well used, and a number of researchers have calculated norms for the scale. General guidelines indicated that scores from 10-15 are low, scores from 16-21 are moderate, scores from 22-29 are high, and scores from 30-50 are very high. For our sample, only 10.5% of students scored in the low category with another 20% of students scoring in the moderate range. Alarming, we would classify 23.5% of students as high in distress and another 46% of students as very high. See Figure 3.

**Figure 3.**

*Distribution of individual psychological distress mean scores*



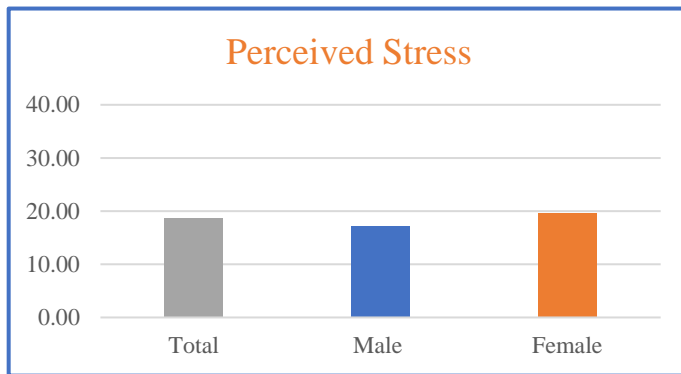
## PERCEIVED STRESS

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Excess levels of stress can lead to a host of negative physical and mental health consequences. How much stress individuals perceive can greatly influence their well-being. Stress was assessed using the Perceived Stress Scale (Cohen, Kamarck, & Mermelsetin, 1983).

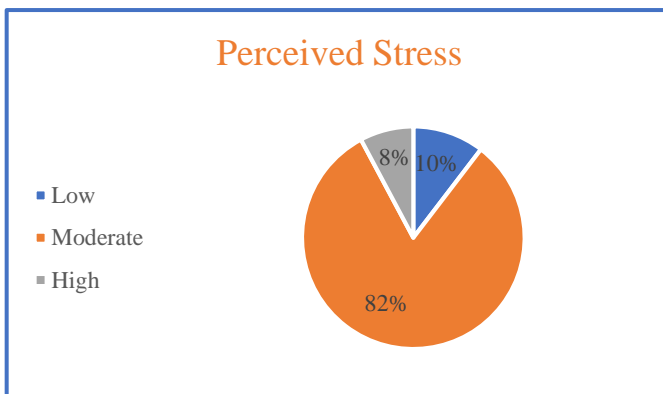
The Perceived Stress Scale is widely used, and a number of researchers have calculated norms for the scale. Norms reported for the U.S. population indicated that females ( $M = 13.7$ ) had slightly higher perceived stress than males ( $M = 12.1$ ) and those in 18-29 age range had the highest levels of perceived stress ( $M = 14.2$ ) compared to the others. Students in our sample ( $n = 670$ ) had high levels of perceived stress ( $M = 18.8$ ) with our sample mirroring national trends. Specifically, females perceived higher stress ( $m = 19.7$ ) than males ( $m = 17.2$ ). See Figure 4.

**Figure 4.**  
*Perceived stress score means for total sample, males, and females*



In terms of norms for the Perceived Stress Scale, 0-13 would be considered low perceived stress, 14-26 moderate perceived stress, and 27-40 high perceived stress. For our sample, we classified 10.4% of students as low perceived stress, 81.8% moderate perceived stress, and 7.8% as high perceived stress. See Figure 5.

**Figure 5.**  
*Distribution of individual perceived stress mean scores*





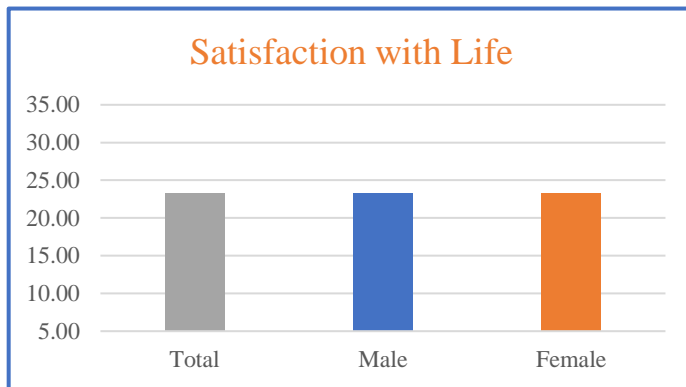
## SATISFACTION WITH LIFE

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Well-being can consist of a number of unique constructs, yet a number of researchers identify subjective well-being as high levels of positive affect, low levels of negative affect, and high levels of life satisfaction. The two affect components include emotional aspects of well-being; satisfaction with life involves the cognitive, judgmental assessment of one's life situation. We measured life satisfaction using the Satisfaction with Life Scale, the most widely used psychological measure for life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985).

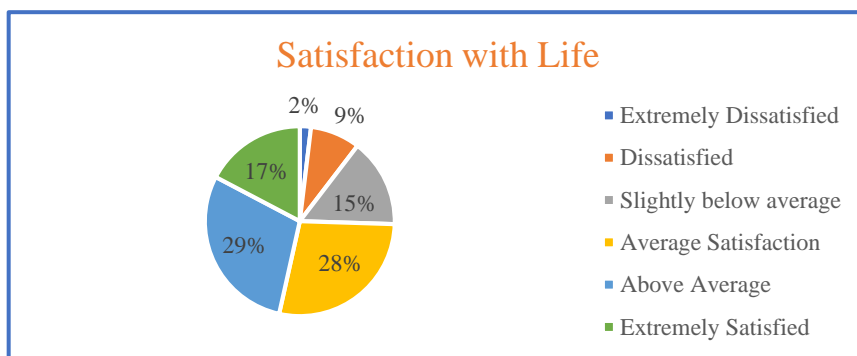
Students in our sample ( $n = 675$ ) had moderate levels of satisfaction with life ( $M = 23.3$ ). Males and females viewed their satisfaction with life similarly, with males the same as ( $m = 23.3$ ) females ( $m = 23.3$ ). See Figure 6.

**Figure 6.**  
*Satisfaction with life score means for total sample, males, and females*



In terms of interpreting the satisfaction with life scale, previous studies have indicated that 5-9 is extremely dissatisfied, 10-14 is dissatisfied, 15-19 is slightly below average, 20-24 is average, 25-29 is above average, and 30-35 is extremely satisfied with life. In our sample, 26% of students indicated below average satisfaction with life, while 46% indicated above average satisfaction with life (see Figure 7).

**Figure 7.**  
*Distribution of individual satisfaction with life mean scores*



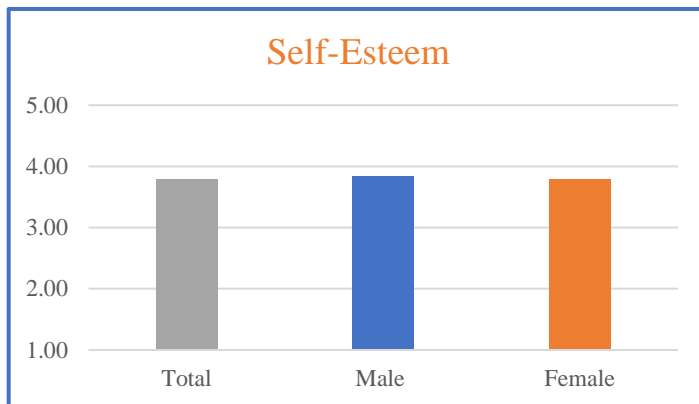
## SELF-ESTEEM

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Self-esteem is the overall positive or negative evaluation of one's worth or value. Those who have high self-esteem view themselves positively in terms of self-worth or value. Individuals with low self-esteem view themselves as holding little self-worth or value. Self-esteem was measured on a 1-5 scale using the Rosenberg Self-esteem Scale (Rosenberg, 1965).

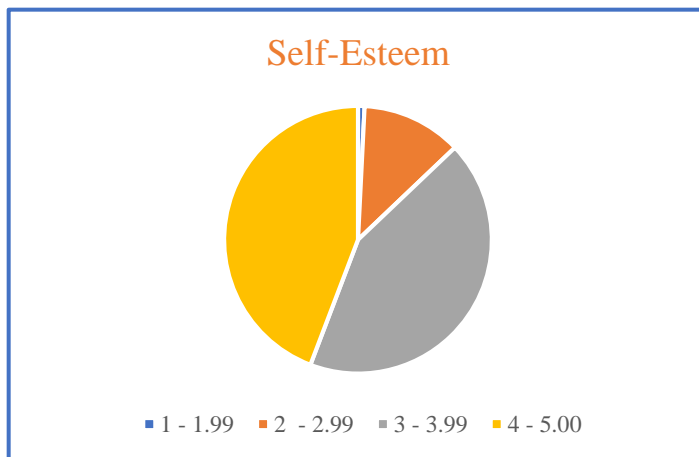
Students in our sample ( $n = 380$ ) had moderate levels of self-esteem ( $M = 3.79$ ). Males and females viewed their self-esteem similarly, with males slightly higher ( $m = 3.83$ ) than females ( $m = 3.78$ ). See Figure 8.

**Figure 8.**  
*Self-esteem score means for total sample, males, and females*



Overall, a majority of students scored above the mid-point on the scale (3.00-3.99,  $n = 163$ ; 4.00-5.00,  $n = 168$ ), but over 12% of students scored below the mid-point (1.00-1.99,  $n = 3$ ; 2.00-2.99,  $n = 46$ ). See Figure 9.

**Figure 9.**  
*Distribution of individual self-esteem mean scores*



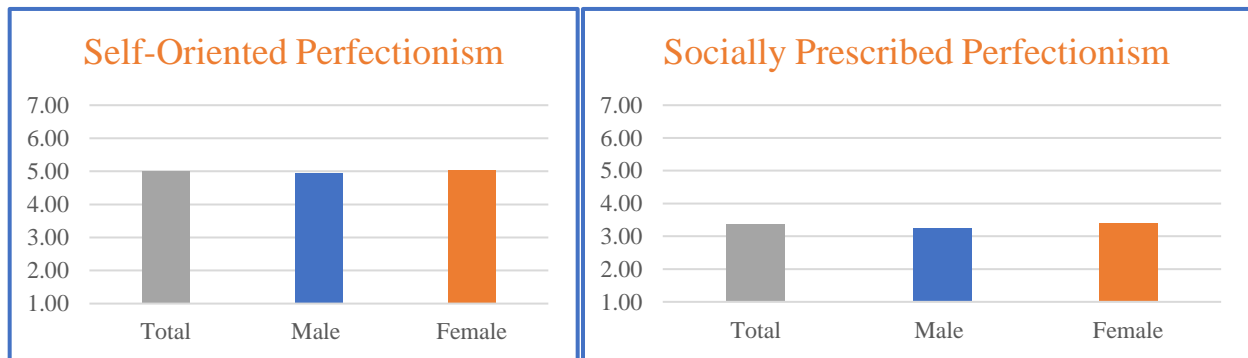
## PERFECTIONISM

Perfectionism has both personal (i.e., self-oriented) and social (socially prescribed) aspects. Self-oriented perfectionism is characterized by a strong motivation to be perfect, setting and striving high self-standards, focusing on flaws, and generalizing self-standards. Socially prescribed perfectionism involves the belief that others have perfectionistic expectations and motives for oneself. Perfectionism was measured on a 1-7 scale using the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991).

Students in our sample ( $n = 672$ ) had high levels of self-oriented perfectionism ( $m = 5.01$ ). Males and females viewed their self-oriented perfectionism similarly, with females slightly higher ( $m = 5.04$ ) than males ( $m = 4.95$ ). Students in our sample ( $n = 678$ ) had moderately low levels of socially prescribed perfectionism ( $m = 3.37$ ), with females slightly higher ( $m = 3.41$ ) than males ( $m = 3.26$ ). See Figure 10.

**Figure 10.**

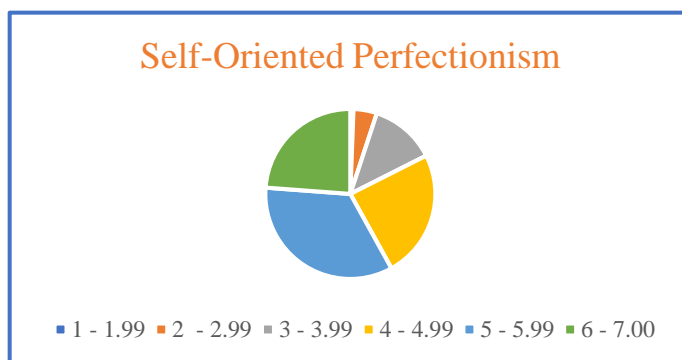
*Self-oriented and socially prescribed perfectionism mean scores for total sample, males, and females*



On self-oriented perfectionism, a majority of students (82%) scored over the mid-point on the scale (4.00-3.99,  $n = 164$ ; 5.00-5.99,  $n = 230$ ; 6.00-7.00,  $n = 160$ ), with 24% at the highest point on the scale, indicating high levels of self-oriented perfectionism. See Figure 11.

**Figure 11.**

*Distribution of individual self-oriented perfectionism mean scores*



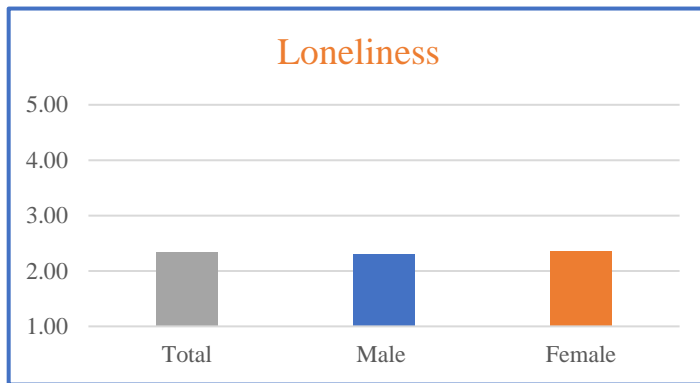
## LONELINESS

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Loneliness reflects an individual's evaluation of their level of social connectedness. Someone who is high in loneliness would be relatively isolated while someone low in loneliness would be more likely to have a variety of connections in their lives. We know one of the primary indicators for well-being is connection, and therefore, loneliness might be especially important to understand in terms of student well-being. To measure loneliness, we used the Dejong Gierveld Loneliness scale, where 1 = low loneliness and 5 = high loneliness (Gierveld & Tilburg, 2006).

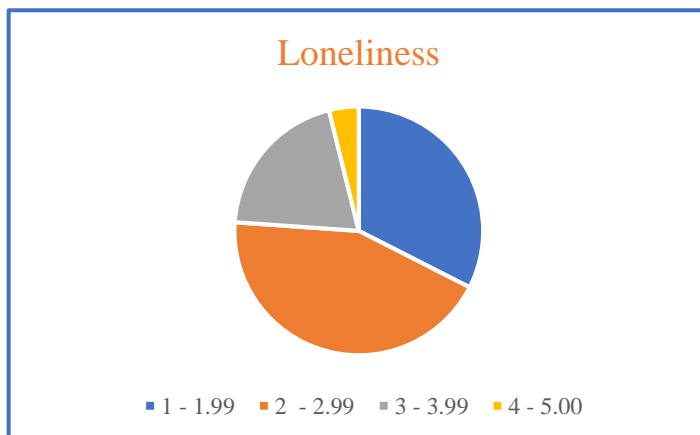
Students in our sample ( $n = 674$ ) had low to moderate levels of loneliness ( $M = 2.35$ ). Males and females viewed their loneliness similarly, with females slightly higher ( $m = 2.36$ ) than males ( $m = 2.32$ ). See Figure 12.

**Figure 12.**  
*Loneliness score means for total sample, males, and females*



Overall, a majority of students scored below the mid-point on the scale (1.00-1.99,  $n = 219$ ; 2.00-2.99,  $n = 294$ ), but over 24% of students scored above the mid-point (3.00-3.99,  $n = 135$ ; 4.00-5.00,  $n = 26$ ) indicating high levels of loneliness. See Figure 13.

**Figure 13.**  
*Distribution of individual loneliness mean scores*



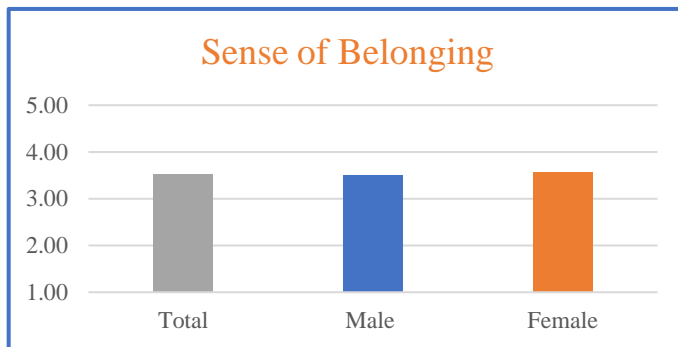
## SENSE OF SCHOOL BELONGING

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Sense of school belonging describes the extent to which students feel accepted, respected, included, and supported across school settings. Higher sense of belonging indicates feeling more accepted; whereas lower sense of belonging indicates a lower acceptance and a greater sense of rejection. Feelings of belonging are related to academic-related outcomes including both achievement and motivational outcomes. To measure sense of belonging, we used the Psychological Sense of School Membership (PSSM) scale, where 1 = low sense of belonging and 5 = high sense of belonging (Goodenow, 1993). This scale measures three dimensions of sense of belonging: identification and participation in school, perception of fitting in among peers, and generalized connection to teachers. Total sense of belonging scores are reported.

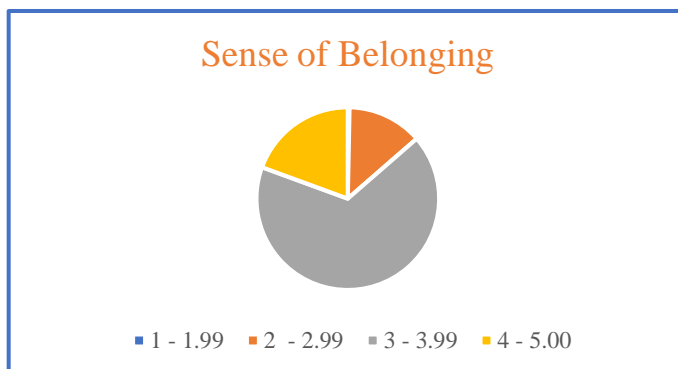
Students in our sample ( $n = 654$ ) had moderate levels of belonging ( $M = 3.53$ ). Males and females reported a similar sense of belonging, with females slightly higher ( $m = 3.56$ ) than males ( $m = 3.49$ ). See Figure 14.

**Figure 14.**  
*Belonging score means for total sample, males, and females*



Overall, a majority of students scored above the mid-point on the scale (3.00-3.99,  $n = 438$ ; 4.00-5.00,  $n = 127$ ), but over 14% of students scored below the mid-point (1.00-1.99,  $n = 2$ ; 2.00-2.99,  $n = 87$ ) indicating having low levels of belonging to Boise State University. See Figure 15.

**Figure 15.**  
*Distribution of individual belonging mean scores*



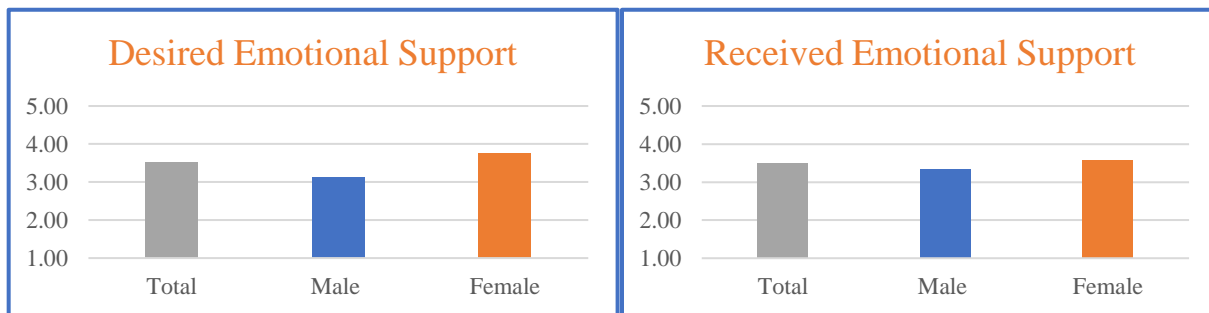
## SOCIAL SUPPORT: DESIRED AND RECEIVED

Social support involves attempts to provide assistance to others who need aid. Emotional support includes expressions of love, empathy, and concern; informational support refers to facts and advice to aid others; and esteem support includes expressions of respect and validation to bolster another's self-concept. It is important to differentiate between desired support and received support to examine support gaps (i.e., adequacy or inadequacy of support). Desired and received emotional, informational, and esteem support was measured on a 1-5 scale using the Desired and Received Support Scale (Xu & Burleson, 2001).

Students in our sample had moderate levels of desired emotional support ( $n = 376$ ;  $m = 3.52$ ) and received emotional support ( $n = 378$ ;  $m = 3.49$ ), indicating adequacy of support ( $t = .81$ ,  $p > .05$ ). Females perceived slightly higher levels of desired and received emotional support ( $m = 3.76$ ;  $m = 3.57$ ) than males ( $m = 3.12$ ;  $m = 3.33$ ), but means were similar. A series of repeated measure ANOVAs indicated that females reported receiving significantly lower levels of emotional support than they desired; males received significantly more than they desired. See Figure 16.

**Figure 16.**

*Desired and received emotional support score means for total sample, males, and females*



Students reported moderate levels of desired informational support ( $n = 378$ ;  $m = 3.24$ ) and received informational support ( $n = 376$ ;  $m = 3.17$ ), indicating adequacy of support ( $t = 1.28$ ,  $p > .05$ ). Males and females had similar levels of desired and received informational support, with females slightly higher ( $m = 3.31$ ;  $m = 3.23$ ) than males ( $m = 3.14$ ;  $m = 3.06$ ). See Figure 17.

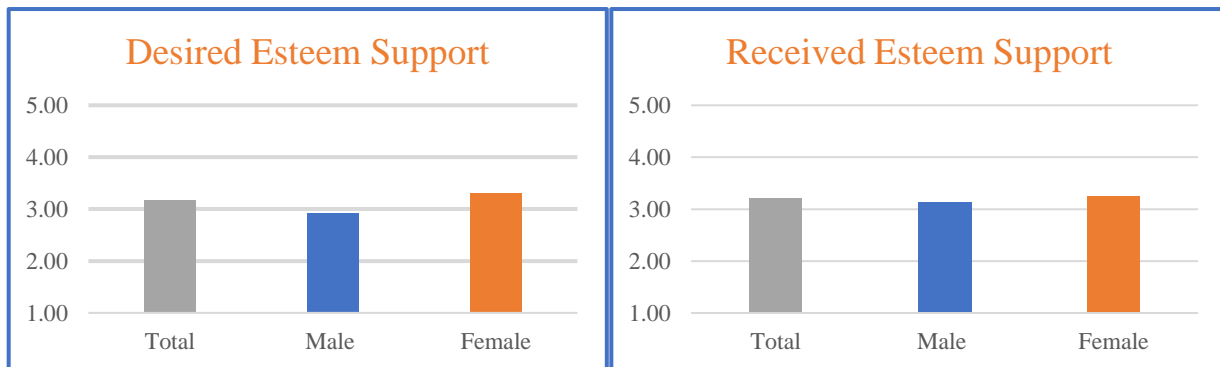
**Figure 17.**

*Desired and received informational support score means for total sample, males, and females*



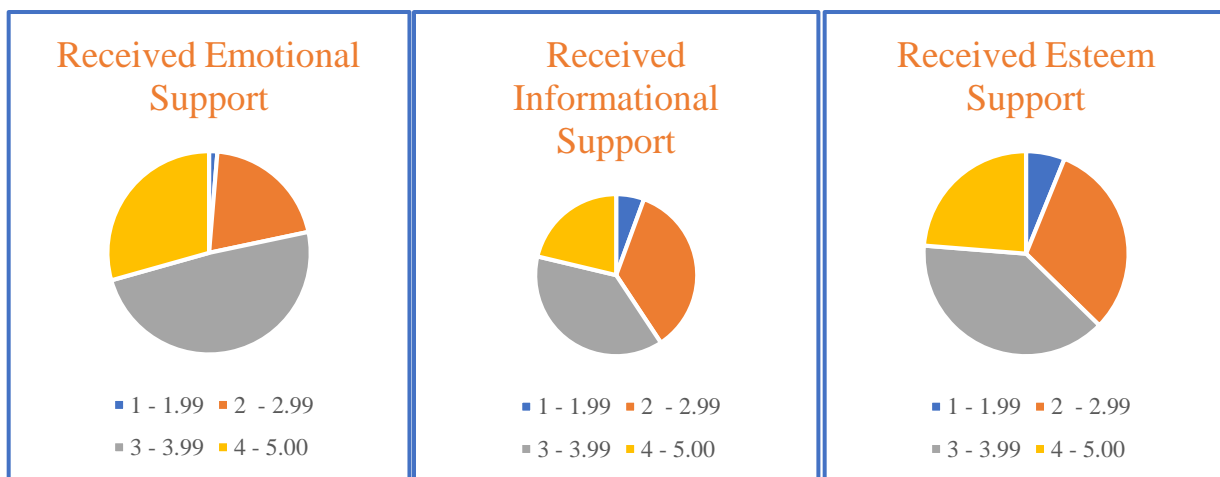
Students had moderate levels of desired esteem support ( $n = 377$ ;  $m = 3.16$ ) and received esteem support ( $n = 375$ ;  $m = 3.21$ ), indicating adequacy of support ( $t = -1.00$ ,  $p > .05$ ). Females desired and received higher levels of esteem support ( $m = 3.30$ ;  $m = 3.25$ ) than males ( $m = 2.92$ ;  $m = 3.13$ ). See Figure 18.

**Figure 18.**  
*Desired and received esteem support score means for total sample, males, and females*



Although, overall, the sample's average desired and received support matched, it is notable that 21% of students scored below the mid-point (1.00-1.99; 2.00-2.99) on received emotional support; 41% on received informational support, and 37% on received esteem support. These scores indicate that students rarely received these types of support or did not receive them at all from people in their lives. See Figure 19.

**Figure 19.**  
*Distribution of individual received emotional, informational and esteem support mean scores*



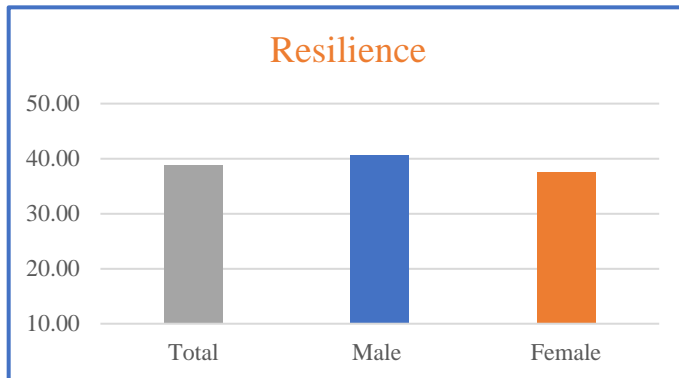
## RESILIENCE

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Resilience embodies personal qualities that enable a person to thrive amongst adversity and challenges, and it can be considered a measure of successful stress-coping ability. People high in resilience will adapt to disruption, return to homeostasis, or even experience growth. People low in resilience establish a lower level of homeostasis or remain in a dysfunctional state which may lead to destructive coping behaviors. To measure resilience, we used the 10-item Connor-Davidson Resilience (CD-RISC) scale where 1 = low resilience and 5 = high resilience (Campbell-Sills & Stein, 2007).

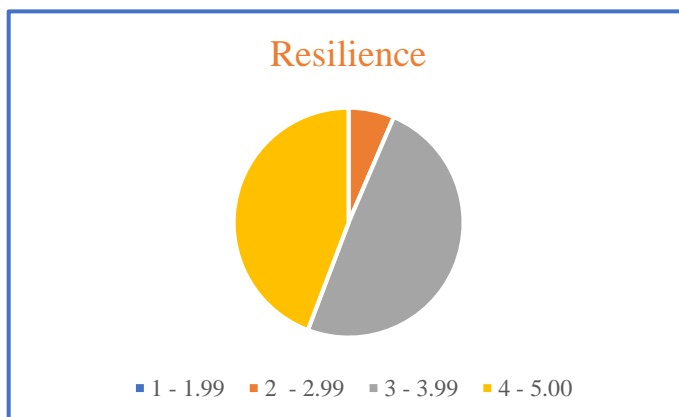
Students in our sample ( $n = 667$ ) reported moderate levels of resilience ( $M = 38.75$ ). Males and females viewed their resilience differently, with males reporting higher resilience scores ( $m = 40.65$ ) than females ( $m = 37.57$ ). See Figure 20.

**Figure 20.**  
*Resilience score means for total sample, males, and females*



Overall, a majority of students (94%) scored above the mid-point on the scale (3.00-3.99,  $n = 329$ ; 4.00-5.00,  $n = 295$ ), with only 6% of students scoring below the mid-point (1.00-1.99,  $n = 0$ ; 2.00-2.99,  $n = 43$ ). See Figure 21.

**Figure 21.**  
*Distribution of individual resilience mean scores*





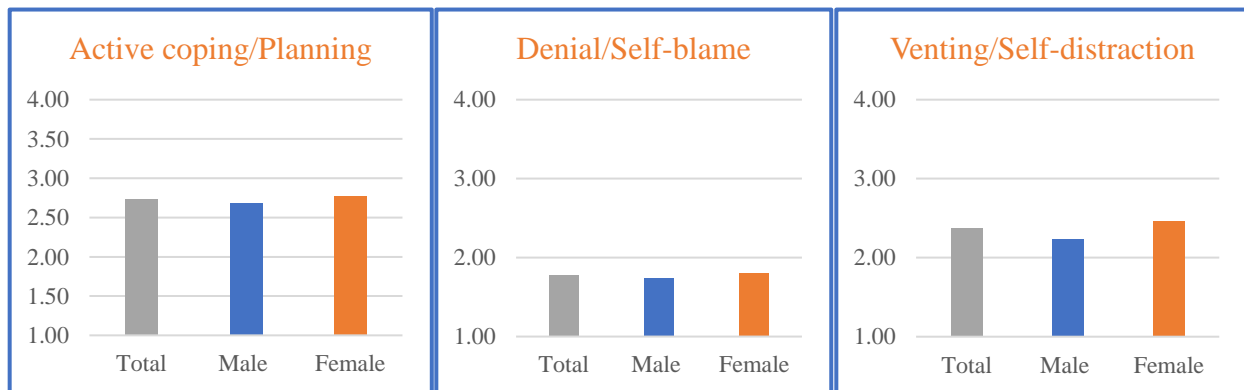
## COPING BEHAVIORS

Coping is the process of executing a response to stress, which can involve thoughts or action and can be positive or negative. In order to measure coping, we used the Brief Cope Scale (Carver, 1997). Coping strategies included active coping, self-distraction, venting, acceptance, denial, substance use, behavioral disengagement, planning, positive reframing, and self-blame. These coping strategies fall into three sub-scales: active coping/planning, denial/self-blame, and venting/self-distraction. Active coping/planning may be considered the most adaptive form of coping. Denial/self-blame may be considered a more maladaptive form of coping.

Students in our sample ( $n = 654$ ) reported moderate levels of active coping/planning ( $m = 2.73$ ), with females ( $m = 2.77$ ) and males ( $m = 2.68$ ) similar in their use of these coping strategies. Students reported low levels of denial/self-blame ( $m = 1.78$ ), with females ( $m = 1.80$ ) and males ( $m = 1.74$ ) similar in their use of these coping strategies. Students reported moderate levels of venting/self-distraction ( $m = 2.37$ ), with females ( $m = 2.46$ ) slightly higher than males ( $m = 2.24$ ) in their use of these coping strategies. See Figure 22.

**Figure 22.**

*Active/planning, denial/self-blame, and venting/self-distraction coping strategy score means for total sample, males, and females*



It is important to note that 31% of the sample reported using denial/self-blame to cope “a little bit” to a “medium amount” (2.00-2.99,  $n = 202$ ); 7% reported using this strategy a “medium amount” to “a lot” (3.00-4.00,  $n = 47$ ). Also, 9% of the sample reported not using active coping/planning strategies at all or only using them “a little bit.” This indicates 38% of our sample are using maladaptive coping and 9% are under-utilizing adaptive coping strategies. See Figure 23.

**Figure 23.**

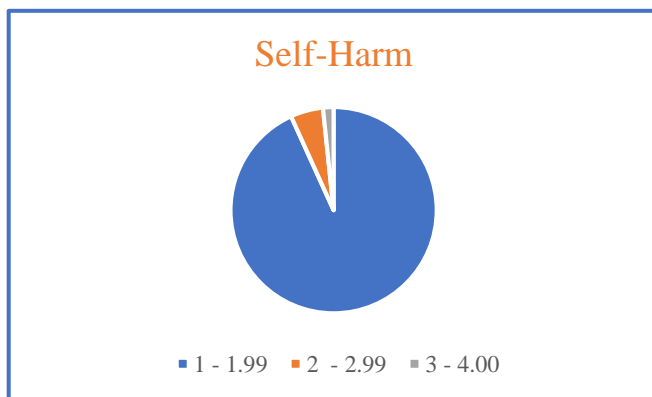
*Distribution of individual denial/self-blame and active coping/planning mean scores*



Lastly, we included a measure of self-harm (i.e., physical harm, suicidal ideation) in our survey. Levels of self-harm were low ( $n = 665$ ,  $m = 1.13$ ). However, it is important to note that 5% of the sample reported using self-harm to cope “a little bit” to a “medium amount,” and an additional 2% reported using self-harm a “medium amount” to “a lot.” In our sample, males were more likely to indicate using this coping strategy (12.0% indicated using it at least “a little bit”) compared to females (3.7% indicated using it at least “a little bit”). See Figure 24.

**Figure 24.**

*Distribution of individual self-harm mean scores*



## PRACTICAL RECOMMENDATIONS

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Finally, we provide a number of recommendations for future programming informed by the results of student surveys, interviews with campus leaders, and a number of other academic resources. These recommendations are not an indication that the Boise State University community is failing to provide these types of support but rather are intended as a guide for future directions with both a research and practical focus.

- **Continue surveying Boise State University undergraduate populations.** National surveys assess mental health and well-being in the college student population. These results can be helpful for practitioners, but campus-specific data is most beneficial when making decisions for programming and other decisions that might influence student well-being.
- **Expand university-specific surveys and programs to graduate students.** From previous surveys, we know graduate school may negatively influence mental health. In a recent survey, 41% of graduate students indicated they had moderate to severe anxiety and 39% indicated they had moderate to severe depression. Because this student population might be especially at-risk, they deserve further study. Additionally, Gradwell programming should be expanded to ensure graduate students are receiving the resources necessary to thrive amongst challenges and to assist faculty and staff in offering needed support.
- **Focus university-specific surveys and programs on under-supported student groups.** First-generation students, commuter students, and transfer students may be at risk for high stress and academic attrition. Lack of social involvement, for example, can be a barrier for transfer student and commuter student success and well-being. Increasing efforts to improve social connectedness should be a priority and could help improve academic performance and overall retention. In order to implement these types of support systems, exploring and utilizing best practices of existing programs (e.g., Gender Equity Center, Multi-cultural Student Services) would be valuable.
- **Create resilience-specific courses.** Courses that focus on resilience and enable programmatic connection and reflection should be incorporated into existing curricula. Examples include the following: *first-year courses* that target the transition into college and coping with challenges associated with new beginnings; *mid-program courses* that reflect on curricular experiences while projecting the skills learned into the final years of students' programs; and *final-year courses* that prepare students for transitioning out of college into the workforce and applying what they have learned across the college experience.
- **Build resilience-based skills into the classroom.** Developing workshops to inform faculty on resilience-based teaching strategies and assessing the enactment and outcomes would help us better understand the connection between resilience-focused teaching, wellness, and student success. Examples of strategies include incorporating coping skills and opportunities for connection, inclusivity, empathy, mindfulness, failure, and life purpose into classrooms.
- **Use strategies developed in high-retention programs.** At Boise State University, two organizations with the highest level of retention are the Honors Program and Athletics. Both of these programs offer support in various ways, and we should explore how to expand these best practices to all students. Examples of best practices may include peer-led mentoring housed in a college or department, providing support and mentoring contacts outside of advising and throughout the college experience, or creating small classes (e.g., resilience-focused courses) that allow for building connection and relationships.

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## CONTACT INFORMATION

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