Be Ready, Be Well: A Conceptual Framework for Supporting Well-being Among College Students with Disabilities

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Abstract

Although the rate of students with disabilities attending college continues to rise, these students often feel unprepared for college and graduate at discouraging rates. Further, negative outcomes are often exacerbated for college students with disabilities who experience co-occurring mental health needs. Although barriers associated with college success among students with disabilities and mental health needs are well-documented in the literature, there is a notable dearth of information on how to address them. The purpose of this paper is to (a) describe current policies and practices that influence well-being among college students with disabilities; (b) review existing theories, models, and frameworks related to well-being among college students with disabilities; (c) introduce *Be Ready, Be Well*, a conceptual framework that integrates key components of existing polices, practices, theories, models, and frameworks to support well-being among college students with disabilities; (d) provide implications for higher education professionals, and (e) explore future directions for this framework.

Keywords: college, student, disability, mental health, framework

Recent research documents increasing rates of students with disabilities attending institutions of higher education after high school (Fleury et al., 2014; Gelbar et al. 2014; Lombardi et al., 2012). For many students, the transition to college is a time of adventure, excitement, and opportunity. Although exploring one's identity, joining social groups, and identifying personal and professional goals is exhilarating for many college students, those with disabilities often feel overwhelmed by this newfound independence (Dente & Coles, 2012; Roux et al., 2015), resulting in diminished outcomes (Costello & Stone, 2012; Dallas et al., 2015; Gelbar et al., 2014; Hong, 2015; Scheithauer & Kelley, 2014). For example, students with disabilities experience lower graduation rates than their peers without disabilities and often take longer to complete degrees if they do persist until graduation (Hong, 2015; Lombardi et al., 2012).

College students with disabilities report several barriers that contribute to poor outcomes, including: (a) difficulty establishing and maintaining relationships with peers (Dryer et al., 2016); (b) challenges in executive functioning, including setting schedules, studying, concentrating, and employing time management skills (Dryer et al., 2016; Wolf, 2001); and (c) deciding not to disclose their disabilities or request supports needed to achieve success (Burgstahler & Russo-Gleicher, 2015; Cai & Richdale, 2016; Hong, 2015; Roux et al., 2015). Additional barriers include a lack of student participation in IEP meetings in K-12 settings (Shogren & Plotner, 2012), as well as a failure of K-12 system to include medical evaluations or mental health screenings (Stiffler & Dever, 2015). These barriers often result in students with disabilities remaining unaware of their diagnoses, needs, and required accommodations (Marshak et al., 2010). Such barriers also contribute to students experiencing mental health issues, including frustration, depression, stress, poor health, decreased self-esteem, diminished satisfaction with life, and even self-harm (Bade-White et al., 2009; Gobbo & Shmulsky, 2014; The Steve Fund & JED, n.d.; White et al., 2011). Further, these barriers are exacerbated by students with disabilities co-occurring mental health needs (Anastopoulous & King, 2015; Kreiser & White, 2015; White et al., 2011). In fact, many college students

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with disabilities identify mental health as the area in which they require the most support, regardless of disability type (Francis, Duke et al., 2018; Oswald et al., 2017). Moreover, college professionals have declared a "mental health crisis" on college campuses, as the numbers of students on campus with mental health needs steadily rises (The Steve Fund & JED, n.d., p. 3).

The needs of students with disabilities who also require mental health support is rapidly exceeding existing available resources and services on college campuses (Thornton et al., 2017). Indeed, college administrators report struggling to prepare personnel to effectively support students with disabilities who also have mental health needs (Dryer et al., 2016; Hong, 2015), despite research initiatives designed to support young people with serious mental health conditions such as *Project FUTURES* (an intervention intended to improve college success among first-year college students with mental health needs; Miller et al., 2018). This lack of support and training in college settings highlights the need for a comprehensive framework to support the well-being of college students with disabilities. Although it is challenging to find a common definition of well-being, there is general consensus surrounding some basic elements of well-being, including happiness, vitality, calmness, optimism, involvement, self-awareness, self-acceptance, self-worth, competence, development, purpose, significance, self-congruence, and connection (Longo et al., 2017). For the purpose of this manuscript, the Centers for Disease Control and Prevention (CDC) definition of well-being, or the "the presence of positive emotions and moods (e.g., contentment, happiness) was used, the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfilment, and positive functioning" (CDC, n.d.), to conceptualize this construct.

In order to address the notable and growing need for well-being support for college students with disabilities, the purpose of this paper is to (a) describe current policies and practices that influence well-being among college students with disabilities; (b) review existing theories, models, and frameworks related to well-being among college students with disabilities; (c) introduce *Be Ready, Be Well,* a conceptual framework that integrates key components of existing polices, practices, theories, models, and frameworks to support well-being among college students with disabilities; (d) provide implications for higher education professionals; and (e) explore future directions for this framework.

Policies and Practices that Influence Well-Being Among College Students with Disabilities

This section provides a review of policies and practices that influence well-being among college students with disabilities, as well as barriers and gaps in knowledge related to these domains.

Policies that Influence Well-Being in College

First, perhaps the most important law that supports well-being among college students with disabilities is Section 504 of the Rehabilitation Act of 1973. This antidiscrimination law protects college students with disabilities by ensuring equal opportunities for participation in college-sponsored groups and activities, as well as academic accommodations (e.g., extra time to complete a degree, adaptations to instruction, audio texts) provided through a campus disability service office. Although support provided by disability service office staff can help students with disabilities succeed in college (Burgstahler & Russo-Gleicher, 2015; Dente & Coles, 2012), there exists a paucity of data regarding the effectiveness of these services and college students with disabilities note that mental health is an area of support that is not adequately addressed in college (Francis, Duke et al., 2018). Further, students must disclose that they have a disability and be determined eligible for services provided by the Rehabilitation Act (1973) prior to receiving support. However, many students with disabilities elect not to disclose their disability in college and, therefore, are not legally entitled to services (Roux et al., 2015; Yssel et al., 2016).

Second, the Family Educational Rights and Privacy Act (FERPA, 1974) is designed to protect student confidentiality by transferring the right of disclosure of educational records and information from parents to students once they enter college. However, there is overwhelming evidence that families provide crucial, on-going support for their family members with disabilities during college and into adulthood (Boehm et al., 2015). For example, families provide ongoing logistical support (Dallas et al., 2015), guidance (Hirano & Rowe, 2015), and emotional support (Dipeolu et al., 2015) as their family members with disabilities age. These forms of support are often especially important for college students with disabilities who also have mental health needs (Dallas et al., 2015), as research reports that college students with disabilities frequently reach out for their families for support in times of crisis or emotional need (Francis, Duke et al., 2018; Francis, Regester et al., 2019). However, unless a student signs a waiver, FERPA regulations prevent college staff from interacting with families to provide well-being support to students, as needed. In

addition, families often experience difficulty "letting go" once their young adults enter college, resulting in higher levels of stress and depression among both families and college students with disabilities (Francis & Reed, 2019).

Practices that Influence Well-Being in College

There are several practices that, based on previous research, likely have a positive influence on well-being among college-age students with disabilities. Such practices include: (a) positive reframing or reappraisal (e.g., thinking optimistically about a negative situation; Beighton & Wills, 2017); (b) variations of cognitive behavior therapy (e.g., replacing negative thoughts with more constructive ones; Anclair & Hiltunen, 2014; Mackay et al., 2017; Oswald et al., 2017; White et al., 2010); (c) dialectical behavioral therapy (e.g., training to help individuals learn strategies to set goals and increase emotional problem solving skills; Mazza et al., 2016; Perry-Parrish et al., 2016); (d) acceptance and commitment therapy (e.g., accepting negative emotional experiences and taking actions to rectify those experiences; Perry-Parrish et al., 2016); and (e) various mindfulness techniques (e.g., training to be fully present in the moment and better control responses to overwhelming circumstances; Bazzano et al., 2015; Benzies et al., 2013; Lunsky et al., 2017; Perry-Parrish et al., 2016; Reid et al., 2016; Thornton et al., 2017). Peer support groups are also found to increase well-being and quality of life among individuals with disabilities (Beighton & Wills, 2017; Lunsky et al., 2017; Riemersma et al., 2015). Many of these practices are also found to benefit family members of individuals with disabilities (Bazzano et al., 2015; Heifetz & Dyson, 2016; Rayan & Ahmad, 2016; White et al., 2010), which is important considering the ongoing support and influence they provide (Boehm et al., 2015).

Despite evidence of practices increasing well-being, there are numerous gaps in the literature related to well-being among college students with disabilities, including a lack of research or professional expertise in supporting this population (Firth et al., 2010; Oswald et al., 2017), especially those with more significant disabilities or with co-occurring disabilities and mental health needs (Perry-Parrish et al., 2016; Wark, 2012). Further, few studies have investigated well-being interventions among college-age students with disabilities (Francis, Stride et al., 2018), many well-being interventions do not utilize family involvement as a way to support students (Al-Yagon, 2015; Hu et al., 2010; Riemersma et al., 2015), and few studies investigate long-term outcomes of well-being practices on quality of life (Anastopoulos & King, 2015; Perry-Parrish et al., 2016; Rayan & Ahmad, 2016). Moreover, many well-being practices are implemented by licensed professionals (e.g., clinical psychologists; Francis, Duke et al., 2019); experts to which many students may not have access. Further, access to well-being support in college is often eligibility-based or requires individuals to disclose a disability or demonstrate a need for support. This is concerning, given the stigma frequently associated with mental health needs and student hesitancy to seek out support they consider stigmatizing (Francis, Duke et al., 2018; Cai & Richdale, 2016; Roux et al., 2015). Finally, there exists a need for innovative approaches to address well-being among college-age students with disabilities (Thornton et al., 2017), including a model that comprehensively and efficiently considers student and family support to facilitate long-term well-being (Berszán, 2017).

Existing Models, Theories, and Frameworks that Influence Well-being Among College Students with Disabilities

This section provides a brief description of four commonly cited models, frameworks, and theories that can help one examine individual development and utilization of well-being practices, as well as an explanation of how the *Be Ready, Be Well (BRBW)* Framework (which will be introduced in the subsequent section) builds off existing models to support the well-being and success of college students with disabilities.

Bronfenbrenner's Model of Human Development

The Process-Person-Context-Time (PPCT) model of human development created by Urie Bronfenbrenner involves four components theorized to significantly impact human development (Bronfenbrenner, 2005). The first component in the PPCT model is "proximal processes," which includes the nature of ongoing and bidirectional interactions between an individual and the people, objects, and environmental factors that influence their development. The second component is "person," or how an individual's characteristics, including their race, gender identity, disposition, experiences, skills, needs, and capacity to change proximal processes influences their development. The third component is "context," or four nested systems that surround a person: (a) the microsystem (e.g., structures that come into direct and ongoing contact with the person including families, teachers, close friends, and co-workers); (b) mesosystem (e.g., interactions among microsystem structures); (c) exosystem (e.g., structures that indirectly

influence an individual such as family well-being and available services and resources); and (d) macrosystem (e.g., social structures such as values, customs, and bias; Bronfenbrenner, 2005). The fourth component of this model is "time," or the influence of changes over time on an individual's development (e.g., aging).

This model is applicable to the development of the *BRBW* Framework, as it recognizes multiple factors that influence human development and subsequently impact well-being among college student with disabilities, including: (a) personal characteristics such as agency, gender, disability, and mental health needs; (b) family and educator support and interactions; (c) available services and resources such academic, social, and mental health support; (d) stigma and discrimination that are often associated with disabilities and mental health needs; and (e) changes over time such as transitions to and from college. Of the three models present in this section, the PPCT model is the most overarching model of human development, in that it comprehensively identifies components that influence an individual's development across the lifespan. The next theory introduced narrows the focus of human development to family systems.

Bowen Family Systems Theory

Bowen family systems theory postulates that human behavior is profoundly influenced by complex family interactions (Gilbert, 2004). More specifically, this theory emphasizes that family units are intensely emotionally interdependent, as family members consistently seek and react to each other's thoughts, responses, needs, and actions. Unsurprisingly, this theory notes that family units characterized by trusting and supportive relationships results in comfort and stability for family members, whereas those characterized by contentious or distrustful relationships results in distress, anxiety, low motivation, and other negative outcomes. Bowen family systems theory is comprised of eight concepts: (a) triangles (e.g., three-person emotional relationships); (b) differentiation of self (e.g., establishment of identity and elements of independence and dependence on others); (c) nuclear family emotional system (e.g., relationship patterns and fusions that result in the transfer of negative emotions from one family member to another); (d) family projection process (e.g., ways in which parents impart emotions and differentiation to their offspring); (e) multigenerational transmission process (e.g., differences in shaping emotions and differentiation across generations of family members); (f) cutoff (e.g., family members managing emotional issues with each other through disengagement); (g) sibling position (e.g., the influence of birth order on characteristics and functioning); and (h) societal emotional processes (e.g., the influence of societal crisis and advancement have on family functioning).

This theory is applicable to the development of the *BRBW* Framework because it reinforces the importance of family interdependence, and, as a result, the importance of parents and other caregivers being equipped with skills to regulate their own well-being and support the wellness of their children throughout the lifespan. Further, although this theory is not disability-specific, it is directly applicable to families with college students with disabilities, as research commonly reports heightened levels of stress among caregivers for this population (Bazzano et al., 2015). The next framework describes the provision of community-based mental health services for children and youth.

System of Care Framework

The system of care framework is designed to support a coordinated network to provide life-long mental health services and supports to children and adolescents with or at risk for mental health needs (Stroul et al., 2010). The three values that guide this framework assert that mental health services and support should family-driven and youth-guided, community-based, and culturally and linguistically competent. This framework also contains 12 guiding principles, including: (a) ensuring the availability of comprehensive community-based services for youth and their families, (b) providing individualized services characterized by holistic service planning, (c) delivering services in the least restrictive environment, (d) ensuring that youth and their families partner with professionals in service planning and delivery, (e) ensuring interagency collaboration among differing service providers and agencies, (f) providing case management, (g) providing developmentally appropriate services, (h) providing developmentally appropriate services during the transition to adulthood, (i) facilitating early identification and prevention of mental health needs, (j) developing monitoring procedures, (k) promoting self-advocacy and protection of rights, and (l) providing non-discriminatory and culturally responsive services.

This framework informs the development of the *BRBW* Framework because it highlights: (a) the import role of families and family support, (b) the need for comprehensive mental health supports and services characterized by interagency support, and (c) the importance of prevention and early identification of mental health needs, as well as consideration of service provision during transition to adulthood.

Further, although the basic tenants of the framework are not specific to individuals with disabilities, the framework does note the importance of providing developmentally appropriate mental health services. The next framework discussed dives deeper into supporting well-being of college students.

Equity in Mental Health Framework

The Equity in Mental Health Framework is designed to provide institutions of higher education strategies to support the emotional well-being and mental health among college students of color, as these students commonly experience heightened levels of anxiety, depression, and stress (Vidourek et al., 2014). This framework includes eight recommendations: (a) make emotional well-being and mental health among college students of color a campus-wide initiative; (b) incorporate student feedback on emotional well-being and mental health; (c) recruit and train diverse and culturally competent faculty and staff; (d) engage in discussions related to current events that impact students of color; (e) hire dedicated staff to support well-being and mental health initiatives; (f) create accessible and responsive communication systems for students, faculty, and staff to discuss well-being and mental health ideas, concerns, or issues; (g) provide dynamic and culturally relevant well-being and mental health programs; and (h) actively promote well-being and mental health programs and services to students (The Steve Fund & JED, n.d.).

This framework is applicable to the development of the *BRBW* Framework because, although the triggers may differ, like students of color, students with disabilities experience heightened levels of anxiety, depression, and stress in college (Dente & Coles, 2012). It also goes without saying that, like gender and other individual characteristics, race and disability are not mutually exclusive. Moreover, the Equity in Mental Health Framework includes systemic implementation strategies to accompany recommendations that may be applicable to students with disabilities.

Despite the contributions that each of these models, theories, and frameworks make toward developing an understanding of factors that influence well-being practices among college students with disabilities, none of them specifically focus on how to develop and sustain well-being for this population. Further, while many of them note the importance of ongoing family involvement, none address this construct in college settings. This is especially important, as family involvement and family-professional interactions dramatically change in college due to policies such as FERPA (Francis et al., 2016). As a result, there exists a need for a comprehensive framework that addresses how to support mental health and well-being for students with disabilities, including the recognition of commonplace barriers. This can only occur by integrating essential aspects of the aforementioned theoretical work, considering the specific needs of college students with disabilities, and benchmarking existing best practices and policies.

The *Be Ready, Be Well* Framework for Well-Being in College

This section provides a description of the *Be Ready, Be Well* conceptual framework. The purpose of this framework is to support college students with disabilities to be ready for common barriers experienced in college and be well by implementing well-being practices and supports. *The Be Ready, Be Well (BRBW)* Framework depicted in Figure 1 includes three components or interrelated "cogs" that influence well-being among college students with disabilities: (a) well-being practices, (b) students with disabilities, and (c) family. The framework also includes barrier "wedges," or obstructions that cause distress or prevent well-being from occurring. The turning of the cogs within this framework reflects the interdependence and bi-directional nature of well-being among families and students with disabilities, consistent with literature on the importance of family support and interdependence (Gilbert, 2004; Oswald et al., 2017).

Barrier Wedges

As previously discussed, there are numerous barriers that make well-being challenging for college students with disabilities. The *BRBW* Framework conceptualizes barriers as "wedges" that disrupt the framework cogs from functioning. As the PPCT module of human development (Bronfenbrenner, 2005) and Bowen family system theory (Gilbert, 2004) postulate, a wedge in any cog disrupts the entire system. For example, student-related barrier wedges such as depression (Rohde et al., 2018) and difficulty developing relationships (Dryer et al., 2016) interferes with their ability to effectively cope and experience success, which can create family-related wedges such as stress (Oswald et al., 2017) and caregiver fatigue (Francis, Regester et al., 2019).

In a qualitative study comprised of interviews of eight college students with disabilities, students reported feeling depressed, inadequate, and generally insecure when comparing themselves to their peers without disabilities (Francis, Duke et al., 2019). These feelings led several participants to purposefully selecting majors based on their insecurities or concerns related to their disabilities (e.g., "I would have

stayed in elementary education….However, I didn't feel that I was able to teach upper grades, 4th, 5th, 6th, because of my disabilities…because I struggled."; Francis, Duke et al., 2019, pg. 252). These are examples of how student-related wedges or barriers including depression, inadequacy, and isolation influence major life decisions. In turn, the authors found these barriers caused family stress, as students reported feeling disconnected or isolated from family as a result of their disability. One student described her family looking "so depressed and so sad…they feel bad for their child. They still carry this stigma" of having a disability (Francis, Duke et al., 2019, pg. 252).

Just as student stress can result in family stress, additional family-related barrier wedges such as financial strain and a lack of support to provide effective care to their family members with disabilities (Hoffman & Mendez-Luck, 2011) can create student wedges such as debt (Chambers et al., 2013) and an inability to effectively problem-solve in college (Anastopoulos & King, 2015). As one may imagine, the bigger the wedge or the greater number of wedges a person experiences, the greater the disruption and, therefore, the greater the need for students and families to be ready to employ effective well-being practices to keep the framework churning.

Well-being Practices Cog

Awareness and understanding of barrier wedges coupled with the ability of families and students with disabilities to utilize multimodal mental health and well-being practices is crucial in the *BRBW* Framework (Francis, Regester et al., 2019). According to this framework, well-being practices should include research-based assessment techniques and well-being strategies known to support young adults with disabilities and families such as mindfulness and meditation (Bazzano et al., 2015; Heifetz & Dyson, 2016; Milligan et al., 2015), dialectical behavior therapy (Mazza et al., 2016), goal-setting (Eddy et al., 2015), cognitive behavior therapy (Murphy et al., 2017), reflective listening (Murphy et al., 2017), and physical exercise (Arora & Saldivar, 2013) delivered in both individual and group instruction (Francis, Duke, Fujita et al., 2019). Student and family-specific practices should complement each other to reflect the importance of family support, interconnectedness, and interdependence (Gilbert, 2004). In this way, the *BRBW* Framework recognizes the power of bi-directional nature of relationships and reciprocal support to overcome student and family wedges. College students with disabilities reported that individualized mental health services (e.g., weekly therapy) were effective and helpful when entering a university (Francis, Duke, Fujita et al., 2019). Students also reported benefiting from university faculty and staff who provided "genuine support," "point[ed] out patterns" of behavior, and "made a conscious effort" to help them learn how to correct negative patterns of behavior (Francis, Duke, Fujita et al. 2019, pg. 253).

In addition, consistent with The Equity in Mental Health (The Steve Fund & JED, n.d.) and system of care (Stroul et al., 210) frameworks, practices included in the well-being cog should also be systemic across institutions (e.g., safe spaces, systematic student outreach) and interagency/departmental collaboration. Further, well-being is the largest cog in the *BRBW* Framework. That is because, with enough force (or knowledge, practice, and motivation), use of well-being practices can help students and families and support each other to push through barrier wedges they encounter. The force that drives the well-being cog becomes most powerful when students with disabilities and their families engage in effective well-being practices in tandem (Francis et al., 2017).

Students with Disabilities Cog

Personal characteristics such as agency, perseverance, disability, and mental health influence individual outcomes (Bronfenbrenner, 2005). In college, students must be ready to exert greater levels of independence and self-advocacy, as policies such as FERPA (1974) and the Rehabilitation Act of 1973 require students to independently seek and obtain needed services. This is consistent with literature on the importance of individuals with disabilities developing self-determination, as increased self-determination is found to enhance positive outcomes for individuals with disabilities, such as greater autonomy, independence, and employment (Wehmeyer & Palmer 2003; Wehmeyer & Schwartz 1997). For this reason, students must understand and express their needs, preferences, and strengths (Anastopoulos & King, 2015). In order to achieve these outcomes, students must be aware of their disabilities and have a clear understanding of their strengths and challenges. Some college students report not knowing about their diagnoses until late in high school or early in college, as exemplified by one student with a disability:

> They knew something was wrong but they…put me into a regular 3rd grade class and then stuck me in the back of the room and nobody helped me. So probably some of my difficulties may have come from a lack of proper education because I wasn't helped. (Francis, Duke, Fujita et al., 2019, pg. 253)

The *BRBW* Framework focuses on the need for students to develop a better sense of self, as well as agency and self-regulation to enact well-being practices to overcome wedges. This is the second largest cog within the framework because, while family interdependence is a key consideration (Stroul et al., 2010) it is imperative that all services and supports are student-centered in college. This cog's rotation is critical to promote student well-being and success, as well as to keep the framework in motion, even when barrier wedges occur.

Family Cog

Family support and interdependence are key factors that influence outcomes among college students with disabilities (Boehm et al., 2015; Lindstrom et al., 2011). In fact, family involvement can support numerous positive student outcomes, including enhanced self-determination (Morningstar et al., 2010). Although students are expected to increase their autonomy and self-advocacy in college, families (e.g., parents, caregivers, grandparents, siblings, close family friends) continue to be emotionally interconnected and often interdependent (Gilbert, 2004). As students enter college, parents are expected to step back as the primary decision-maker and, instead, provide guidance, recommendations, and decision-making support (Francis et al., 2016). However, colleges can tailor campus orientations to support families of students by creating opportunities for families to share their fears and concerns and meet campus staff (e.g., campus police, disability support office staff, mental health staff) who can assist their young adult if needed (Francis et al., 2017; Shmulsky et al., 2015). College campuses can also create workshops designed to complement the mental health strategies provided to their children such as mindfulness and meditation and physical activity (Heifetz & Dyson, 2016; Milligan et al., 2015). College professionals should also refer families to professional organizations and other resources such as The Arc of the United States (http://www.thearc.org), Parent to Parent USA (http://www.p2pusa.org/p2pusa/sitepages/p2phome.aspx), or Understood (https://www.understood.org/en/schoollearning/choosing-starting-school/leaving-highschool) to assist them to learn about to best support their young adult and themselves during the college experience (Francis et al., 2017). The *BRBW* Framework recognizes the need for family members to maintain their own well-being so that they are able to assist their students with disabilities in overcoming barrier wedges as they arise. As with students, the turning of the family cog helps keep the framework in motion to maximize well-being.

Future Directions for the BRBW Framework

The *BRBW* Framework addresses a need consistently documented in the literature by conceptualizing a way to approach well-being among college students with disabilities (Berszán, 2017; Thornton et al., 2017). The *BRBW* Framework is unique in that it addresses known barriers, pulls together components of existing theories, models, and frameworks that influence and support well-being, and recognizes the importance of family influence and interdependence. As a result, key stakeholders, including students with disabilities, families, and college faculty and staff can use the *BRBW* Framework to conceptualize how to best support well-being among students with disabilities, as well as the significant number of other students with support needs who choose not to disclose their disabilities.

The *BRBW* Framework does not prescribe a specific methodology or practice to address the needs of students with disabilities because, as Bronfenbrenner's PPCT model (2005) and Bowen family systems theory (Gilbert, 2004) highlight, human development is in a constant state of flux. Therefore, the *BRBW* Framework is designed to support the use of practices found effective for diverse and dynamic college students with disabilities. Specifically, the well-being practices cog is designed to include established, but malleable, research-based well-being practices that are: (a) flexible to meet the diverse needs of students with disabilities and their families while remaining respectful of unique family systems; (b) motivating and socially valid for stakeholders; (c) practical (e.g., reasonable time commitment for stakeholders to implement, ability to be implemented with integrity by trained, non-licensed professionals); and (d) sustainable (e.g., stakeholders can implement practices over time with greater degrees of independence, perhaps with the use of technology such as apps and peer support groups).

Implications for Practice

The *BRBW* Framework could serve as a foundation for disability services offices and other higher education professionals to consider ways in which they (a) assess student needs, (b) provide student support, and (c) consider how they collaborate with families and other professionals on campus and in the community. For example, the *BRBW* Framework could serve as a starting point for coordination and collaboration among various campus departments and centers (e.g., centers for health and well-being, departments of psychology and social work); professional organizations (e.g., The Association of High-

er Education Parent/Family Program Professionals, College Autism Network); and community resources (e.g., The National Alliance on Mental Illness) to ensure well-being practices are effective, relevant, and sustainable (Francis et al., 2017). Disability services offices could serve as the central point for cross-campus collaboration by coordinating support efforts with mental health providers and college departments to provide streamlined assistance to students. Professionals could also build off of the *BRBW* Framework to create a streamlined paperwork portal that students, families (if appropriate), mental health professionals, and disability support personnel could access in order to provide immediate and ongoing support to students when they enter college or are diagnosed with a disability or mental health condition while in college.

Further, disability professionals in higher education could use the *BRBW* Framework as a foundation for developing and refining policies and programs to better support student mental health. For example, university policies and practices could promote screening and evaluation related to mental health and disabilities for all incoming freshmen, as well as reconsider how to involve families in their young adult's wellbeing in ways that are appropriate for college-age students and observe federal laws (e.g., FERPA waivers). In fact, the *BRBW* Framework could serve as a foundation to create coursework designed to address each cog, including mandated course(s) designed to teach well-being strategies (e.g., mindfulness, meditation, physical exercise, nutrition); course(s) designed to address student needs (e.g., perseverance, executive functioning, self-determination, self-awareness of needs and strengths); and course(s) designed to address family interdependence (e.g., free online webinars for families to learn well-being strategies that compliment those being taught to students, webinars and/or webpages dedicated to providing families well-being resources and information to support college students). Higher education professionals may also modify existing programs designed to support the transition of individuals with severe mental health conditions into adulthood such as the Transition to Independence Process (Dresser et al., 2014), which is based on the system of care principles, to design coursework and otherwise meet the needs of college students with disabilities and mental health needs in college.

Moreover, disability services offices may use the *BRBW* Framework to advocate for dedicated personnel, supports, and services designed to address each cog in the framework at their institution. Further, if properly staffed, disability services offices could also coordinate professional development efforts related to each cog of the BRBW Framework so that faculty and staff could learn more about how to support students with disabilities, mental health diagnoses, and other related needs through the provision of proactive approaches such as the use of universal design for learning and creating a campus culture that values well-being (Burgstahler & Russo-Gleicher, 2015; Okanagan Charter, 2015). These professional development activities would also provide an opportunity for faculty and staff to learn how to access mental health support for students as well as to learn more about what resources, services, and supports exist on campus.

Future Research

Future research is needed to determine effective well-being practices for college students with disabilities and their families that can provide colleges with flexible, research-based guidelines and resources consistent with the *BRBW* Framework and can be carried out by educators, support personnel, and others who do not have clinical psychology backgrounds through a train-the-trainer model in order to ensure equitable access to needed support. Further, there exists a need for future research to better understand the most effective, practical, and desirable practices for supporting well-being among college students with disabilities and subsequently develop and pilot a curriculum that reflects the *BRBW* Framework. In addition, a key component of *BRBW* framework is to "be ready" to employ well-being practices. Research notes the importance of effective, school-based intervention programs to support well-being among adolescents with disabilities, including student-based planning, functional life skills, social skills, goal attainment, interagency collaboration, and family involvement (Mackay et al., 2017; Mazzotti et al., 2012).

As the *BRBW* Framework is operationalized and researched in colleges, a formalized *BRBW* curriculum should also be adapted and incorporate these approaches for the high school level so that students and families might better prepare for the rigors of postsecondary life. Such a program would provide students opportunities to learn well-being practices, practice implementation, undergo failure, and experience the satisfaction and pride that accompanies overcoming challenges *before* they find themselves in crisis in college. This need is consistent with the Individuals with Disabilities Education Improvement Act (IDEIA, 2004), which calls for effective, individualized transition planning characterized by parent involvement and interagency collaboration, as well as the Taxonomy for Transition Programming 2.0

(Kohler et al., 2016), which calls for student development, family involvement, interagency collaboration, and professional competence. The *BRBW* Framework would be especially important during this crucial stage of student development, as IDEIA transition-planning regulations are generally vague in nature (U. S. GAO, 2012) and there exists a lack of research on the efficacy of transition strategies, best practices, and ways in which to maximize family involvement and interagency collaboration (Haines et al., 2017; Mazzotti et al., 2012; Morningstar & Mazzotti, 2014).

Conclusion

Left unaddressed, the mental health needs of college students with disabilities results in diminished outcomes. However, a comprehensive approach to address well-being among this population may mitigate the mental health crisis unfolding on college campuses across the U.S. The conceptualization of the *BRBW* Framework provides a crucial starting point for key stakeholders to conceptualize well-being support among college students with disabilities. However, future research is needed to develop and pilot a flexible curriculum that reflects this comprehensive framework.

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Figure 1

The Be Ready, Be Well Conceptual Framework. This figure illustrates the bidirectional relationships between the three cogs of the Be Ready, Be Well Framework: well-being practices, students with disabilities, and families. Barriers to well-being are displayed as striped wedges.