NAVIGATING THE UPS AND DOWNS TO CAPS AND GOWNS

Creating a Path to Academic Success for College Students with Mental Health Conditions

31st Annual Research and Policy Conference on Child, Adolescent and Young Adult Behavioral Health
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The mission of the Transitions to Adulthood Center for Research is to promote the full participation in socially valued roles of transition-age youth and young adults (ages 14-30) with serious mental health conditions. We use the tools of research and knowledge translation in partnership with this at risk population to achieve this mission. Visit us at: http://www.umassmed.edu/TransitionsACR

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What did you get yourself into?!

- Discussant: Maryann Davis, University of Massachusetts Medical School
  - Paper #1 - Speaking Out: Qualitative Interviews with College Students with Mental Health Conditions, Faculty, and Staff
  - Paper #2 - Developing the PASS Intervention: The Ins and Outs of Peer Academic Supports for Success (PASS) for College Students with Mental Health Conditions
PAPER 1: SPEAKING OUT: QUALITATIVE INTERVIEWS WITH COLLEGE STUDENTS WITH MENTAL HEALTH CONDITIONS, FACULTY AND STAFF

Laura Golden, BA
Amanda Costa, BS
University of Massachusetts Medical School
Mental Health in Higher Education

- College attendance rates among student samples with MHC range from 7% - 26% compared to 40% for the general population.\(^1,2\)

- Students with mental health conditions who attend college experience high dropout rates - one of the highest of any disability group.\(^4\)

- Positive mental health is strongly correlated to academic success, retention, and ultimately vocational success, adult resiliency & Return on Investment\(^3\)
The Solution…

The PASS Program:
an empirically supported peer coach intervention to help students with MHC succeed academically
The PASS Study
PHASE 1

Qualitative Interviews
Qualitative Interviews

One hour interviews covered experiences working with or being YA students with MHC, and unique challenges and facilitators to academic success

**Participating Sites:**
- Boston University
- UMass Boston
- Wright State University

**Interview Participants:**
- College Students (N=24)
- Faculty (N=21)
- Counseling Center Staff (N=8)
- Disability Center Staff (N=9)
# Participant Demographics

## College Students
- Primarily female (83%), white (54%), upperclassman (54%)
- 50% had transferred
- 75% were currently in outpatient therapy

## Disability Services Staff
- Primarily female (89%), white (78%)
- 67% were in current position 2 years or less

## Counseling Staff
- Primarily white (87.5%) female (87.5%)
- 75% were in their current position 5 years or less

## Faculty
- Primarily female (67%), white (95%)
- Experience in academia:
  - 10-20 years (43%)
  - 20+ years (57%)
Qualitative Coding

- Developed preliminary themes
- Identified concrete codes
- Developed coding manual

- 3 staff coding with Dedoose
  - Primary and secondary coders
  - Interrater Reliability at 80% or higher
Every student is unique, but there are some commonly faced challenges.

- Anxiety
- Stress coping skills
- Time management
- Chronic absenteeism

“...my art class recently they went to the art museum and I just like was not into it...like I just get anxiety just getting lost, I’ve never been there...I don’t have any friends to meet up with in that class. I didn’t even go. I was like, ‘I cannot do this.’” - Student
There are differing perspectives amongst faculty on how to best support students.

“Unless it’s documented, I’m all about equity. If you get one more day, everybody gets one more day, ... I’m willing to extend their deadline but it doesn’t come free; there’s a penalty at some point.”

“Like I said, I’ve not had students who were trying to get out of work, they’re just not... they just need help getting it done, you know? And, you know it’s usually crunch time, you know, and usually they’ve got three exams plus two papers or four papers, so I can just give them a little extra time.”
Confidentiality laws block communication between faculty and on campus services.

“...I know there that there is a lot of confidentiality issues, but just to know that the student is showing up on an ongoing basis...I don’t know if that’s even allowed to be divulged, but just to know that so-and-so has contacted us...” - Faculty
Students are hesitant to access services and accommodations.

“...I think it can be difficult. And I think for a student that is already having mental health issues. Or you know is reticent around disclosing because of concerns around stigma or whatever....I think the university probably could find a way to be more welcoming. To be less bureaucratic.” – Faculty

- Discrimination (stigma)
- Bureaucracy/required paperwork
- Preference for informal accommodations over formal accommodations
For students who use services, they quickly learned they are very under-staffed.

“I mean first of all, if the initial appointment you make with someone is like ‘I’m sorry but like after this...I really don’t think I can see you after, you know, two months like that would be helpful if they could just...be there for a prolonged period of time’" - Student
Staff voiced similar concerns with resource shortages as a barrier to serving students.

We haven’t [promoted services] because if we did you know…I already have a waiting list of 17-20 people so it’s just…it would be too much to promote it”- ODS Staff

Every year we have a wait list that starts in October and runs through the end of the semester, so- winter semester- that’s the biggest issues. If you can’t get the help you need, I think that then undermines people’s ability to be able to have the energy to focus on academic work.”- Counseling Staff
Main Take-A-Way’s

• College students with MHC:
  • Struggle to navigate the academic demands of college
  • Aren’t often accessing on campus services (i.e., ODS)
  • On campus services lack the resources to meet these students’ needs.

• Faculty & Staff:
  • Have mixed beliefs on appropriate levels of support for students with MHC
  • Face barriers when communicating with on campus supports (i.e., confidentiality)
  • Many resource shortages impact faculty/staff ability to support students effectively
Thank You!

Contact us: Laura.Golden@umassmed.edu & Amanda.Costa@umassmed.edu

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PAPER 2: DEVELOPING THE PASS INTERVENTION: THE INS AND OUTS OF PASS FOR COLLEGE STUDENTS WITH MENTAL HEALTH CONDITIONS

Mary Huber, PhD, Wright State University
Dori Hutchinson, PhD, Boston University Center for Psychiatric Rehabilitation
Guides for PASS Manual Content

• The PASS academic peer coaching model is based upon **two** pre-existing college coaching models:
  - Wright State University’s Raiders on the Autism Spectrum Excelling (RASE) program for students on the Autism Spectrum
  - Boston University’s college coaching model for students with mental health conditions
RAIDERS ON THE AUTISM SPECTRUM EXCELLING (RASE PROGRAM)

Wright State University
Dayton, Ohio
Autism Spectrum Disorder at Wright State University

Students with ASD who are registered with the Office of Disability Services (ODS)

- 2006 – Fewer than 30 Students
- 2010 – Approximately 60 Students
- 2016 – Approximately 110 Students

(WSU database, 2016)
RASE Coaching Program

Conceptualization

• Identified need for services for students with ASD transitioning from HS to college
  • Retention difficulties
  • Disruptive behavior in classrooms, campus housing, etc.
  • Decrease in support at the college level

• 5 Critical Areas of Competency
  1. Social Skill Development
  2. Time Management and Organization
  3. Study Skills/ Technology
  4. Resiliency
  5. Self-Advocacy
RASE Coaching Program

Identifying Students

• Documented diagnosis: Autism Spectrum Disorder
• New incoming students, usually:
  - First year, direct from high school
  - Students transitioning to Wright State from another college/university
• Identified need in one or more of the five RASE competency areas
  - RASE coordinator performs individual needs assessments
• Other factors to consider:
  - Level of independence
  - Academic background
  - Social skill development
RASE Coaching Program
Implementation

• Enrollment for one full academic year
  o Fall & Spring semesters

• Frequent meetings between students and coaches
  o Up to 5 hours per week
  o Interactive rapport and consistent opportunities for hands-on learning

• Meetings among coaches & RASE supervisor
  o Maintain standards & share best practices, victories, etc.
RASE Coaching Program

Identifying Coaches

- Junior, Senior, or graduate student status
- Strong academic background: 3.0 minimum cumulative GPA
- Demonstrated success in key competency areas
- Interview Component
  - Coaching requires flexibility, commitment to learning, and frequent spontaneous problem solving.
  - Potential majors for recruitment: Rehabilitation Services, Education, Psychology, and Counseling
Two-day training in August conducted by the Coach Supervisor

- **Day One:**
  - Training on coach guidelines, expectations and procedures
- **Day Two:**
  - Training on best practices for working with students on the autism spectrum
  - Scenarios for role play, disability affirmative exercises
RASE Coach Program

Outcomes

Objective

• GPA improvements (on campus vs. off campus)
• Decrease in behavioral violations
• Increased retention rates

Subjective

• High rates of satisfaction reported by students
• High rates of satisfaction reported by coaches
18 years of providing highly individualized coaching to help undergraduates and graduate students living with MHC thrive and succeed.

**Coaching** is defined as assisting students to develop strategies and supports to thrive in their role.

- Role = Goal
- *Critical* skills and supports
- Highly flexible and mobile
- Values of personhood, hope, choice, personal responsibility

**Do what it takes- “At the elbow coaching”**

- Wake up calls
- Assist student to apply for and in delivery of reasonable accommodations
- Accompany to meet professors
- Meet before or after exams
- Provide safe space to do work with support (supported study hall)
- Co-advocate with student across campus offices
- Assist Student in finding community support
- Teach academic and wellness strategies
- Support Students’ struggles with goal of persisting and succeeding at college
- Connect with other peers & student groups and activities to build community (Active Minds)
Modifying the RASE Model

• Adapt for students living with MHC
• New topics include:
  • MH on campus
  • Peer support, mentoring, & coaching
  • Education about MH conditions
  • Typical challenges for students with MHC
• Academic
  • Residential
  • Wellness
  • Social
  • Prejudice and discrimination
Coaching Manual

- Best Practices Overview
  - Supported education
  - Peer support
  - Responding with empathy
  - Motivational Interviewing
  - Crisis response and suicide prevention
  - Reasonable Accommodations
STACC to STEAR

RASE Model uses **STACC**
- **S**tructure
- **T**echnology
- **A**dvocacy
- **C**ampus Culture
- **C**ommitment

Modified to **STEAR**
- **S**tructure
- **T**echnology
- **E**motional Agility
- **A**dvocacy
- **R**esiliency (campus culture)
Expectations of Peer Coaches

- The Role of the Coach
- Ethics of peer coaching
- Qualities and skills of successful coaches
- Weekly one-on-one and group supervision
- Use of communication app “Slack” for daily support and strategies.
Coaching Process

- Template with suggested time amounts to provide the peer coach with a guiding structure to help their student move forward with their goals and stay within their coaching role.

- Structure
  - Engaging and checking in
  - Setting meeting goal
  - Identifying barriers and successes
  - Problem-solving
  - Strategy building
  - Connecting to resources
  - Filling out coaching log
Coaching Tip Sheets

- Resource section in manual outlining coach strategies to help student respond to frequent college mental health and college issues.
  - Helping Students in Distress
  - On campus resources for academic and personal wellness
  - Assisting students to manage life effectively on campus
  - Assisting students who procrastinate
Training & Supervision

• Combination of webinars and in person training (hr=12).
  • Information/ Discussion & Skills practice
  • Weekly group supervision to embed knowledge, practice skills and build peer support amongst the coaches.
• 10 Coaches hired:
  • 7/10 with lived experience.
  • Most have peer mentoring experience.
• Supervisor w/extensive MH coaching and college experience.
• Use of Social Media App ‘SLACK” for daily, flexible “in the moment” group supervision and information amongst coaches and staff.
PAPER 3: PASS ACADEMIC PEER COACHING IMPLEMENTATION: HOW IT'S GOING SO FAR

Maya Ingram & Paul Cherchia
Boston University Center for Psychiatric Rehabilitation
Recruitment

- Peer Coaches
- Students
- University Administrators
- Received referrals from Staff, Flyers, Peer Coach Outreach, Social Media Outreach, Internal referrals
The Screening Process

- Phone Screening
- Eligibility Screening
- Baseline Survey
- Focus Groups
The Peer Coaches

- 7 Seniors and 3 Juniors
- 9 Females and 1 Male
- 7 out of 10 have lived experience with a mental health challenge
- Varying majors and interests
The Students

• 14 total students
  • 10 Female
  • 4 Male
• First or Second Year Students
• Student’s goals of coaching, major and interests helped inform student and coach pairing
Student Data

Least Challenging:
- Working with others in group projects
- Communicating effectively in writing
- Forming relationships with other students in class

Top Academic Challenges:
- Managing academic stress
- Motivation to complete assignments
- Study skills

The Effect of Mental Health on Academics:
- Absent from class (50%)
- Withdrawn from a class (50%)
- Placed on Academic Probation (21.4%)
- MLOA (50%)
- Disability Accommodations (42.9%)
- Receiving mental health services (85.7%)
Group Supervision

- Evolving format
- Schedule limitations
- Peer coach process - Help define the skills they use in weekly communication
- Slack

- Learning that peer coaching looks very different for each student
- Challenges - Student is “all set”, redirecting to more appropriate resources, we just talk
- Refer to Manual
Challenges

<table>
<thead>
<tr>
<th>Participants</th>
<th>Coaches</th>
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<tbody>
<tr>
<td>● Delayed Recruitment</td>
<td>● Coaches having own challenges</td>
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<tr>
<td>● Dormant Students</td>
<td>● Dual relationships on campus</td>
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<tr>
<td>○ Students not responding</td>
<td>● Maintaining balance of coach-student ratio</td>
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<td>○ Leave of Absence</td>
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<td>● Provider referral letter</td>
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Success!

☑ Completed initial screenings and surveys
  ☑ Students advocating to meet more throughout week
  ☑ Continuing supportive outreach even when a student does not respond
  ☑ Able to more clearly define what peer coaching looks like

☑ Flexible, individual, mobile
References

Paper 1:


Paper 2: