ENHANCING ACADEMIC PERFORMANCE OF STUDENTS WITH MENTAL HEALTH CONDITIONS

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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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Our Agenda

Section A: Laying the foundation for today’s discussion 9:00-10:30

Break: 10:30-10:45

Section B: Mental health on campus 10:45-12:30

Break for Lunch 12:30-1:45

Small Focus Groups: 1:45-2:30

Section C: Skills & Support Strategies 2:30-3:45

Break: 3:45-4:00

Small Focus Groups: 4:00-4:30

Section D: Accommodations & Assistive Technology 4:30-5:15

Wrap Up, Discussion, and Evaluations: 5:15-5:30
Introductions

Tell us a little bit about yourself:

• Who you are?
• Where are you from?
• What do you do?
• What do you want to know when you leave here today?
• If you were a fruit or vegetable, what would you be and why?
Mental Health on Campus

- Students with mental health conditions are speculated to be the most rapidly growing population on campus (AUCCCD, 2016).
  - Diagnosed/diagnosable mental health conditions on campus mirror the general population
- Students are coming to campus with more complex needs
- Increase in trauma
- Increase in relational aggression/violence
  - Impact of social media
- Increase in sexual assault and harassment
- Enhanced awareness of social inequality and racism
How is mental health seen on campus?

How does it affect students?

Is it different than other conditions that students experience?
The Role of Stigma

- Stigma affects how a student and others see the legitimacy of their condition
  - Including Office of Accessibility Services (OAS)/ODS staff

- Students are:
  - Less likely to reach out for help
  - Less likely to access disability-related services
    - Less than 25% of our research population had registered with OAS at baseline (n=276)
  - Students report feeling like they will be seen as cheating if they use accommodations
    - Do not believe mental health diagnosis is eligible for OAS

(Mullen, unpublished data)
Struggling Silently

• We conducted 2 randomized control trials for college students with MHC
  • One study recruited any student that believed they needed help bc of their condition (n=198)
  • One study recruited only students who had difficulty with one or more area of cognition as measured by the MCCB (n=78)
    • Areas of cognition: verbal learning, visual learning, speed of processing, attention/vigilance, working memory, reasoning/problem solving
Struggling Silently

• With a multitude of barriers and very low OAS enrollment, at baseline their GPAs were 3.1 and 2.7 respectively

• Struggling silently results in decreased academic persistence…

students drop out/stop out of college from unsustainable amounts of personal effort
Student Conceptualization

• Think about someone who struggled to serve well
• You/we will use this student as the basis of our activities
• You will complete the student conceptualization form to help ground our discussion in practice
• If you hear something that makes you think about this student, add it!
• Take a couple of minutes now to write down what you know/remember of this student
Our Studies with Students with MHC

2008

A Randomized, Controlled, Multisite Trial of the “Effectiveness of Supported Education for Postsecondary Students with Psychiatric Disabilities.” NIDILRR #H133B100037 (Gill, Salzer, Mullen; Temple): Referred to as Multi-site SEd

2011

“Developing Executive Functioning through Cognitive Remediation for College Students with Psychiatric Disabilities” NIDILRR #H133G110239 (Mullen; Rutgers) Referred to as FAST

“A Study of Age-Associated Need, Services, and Outcomes of Participants enrolled in Supported Education” NIDILRR #H133B090018. (Gill, Davis, Salzer, Mullen; UMASS)

2012

“Manual and Training Program to Promote Career Development among Transition Age Youth and Young Adults with Psychiatric Conditions” NIDILRR #H133A120152 (Mullen; Rutgers) Referred to as HYPE
Barriers endorsed by students in our multi-site SEd study

Over 70% of respondents:
- Concentration (85%),
- Time management (77%),
- Stamina (75%),
- Organization (71%),
- Prioritizing tasks (70%)

Over 50% of respondents:
- Difficulty memorizing information
- Managing psychiatric symptoms
- Studying for exams
- Taking exams
- Preparing for class
- Writing papers
- Taking notes
- Researching information
- Meeting deadlines
Our “AHA” Moment…

- Preliminary analysis of educational barriers revealed that students more commonly endorsed issues associated with executive functioning tasks than “classic” MH symptoms.

- Students may not be failing out/dropping out of school because of their mental health symptoms per se, but because they had difficulty with:
  - Skills to enhance persistence (goal-directed behavior)
  - Keeping themselves organized
  - Couldn’t remember content lectures
Our “AHA” Moment…

Students needed *self-management & regulation skills* in order to be *effective*

- At time of FAST grant submission, no published literature existed for cognitive remediation interventions for college students with mental health conditions
What is FAST?

- A manualized intervention based in the cognitive remediation literature

- CR refers to an intervention that “targets cognitive deficit using scientific principles of learning with the ultimate goal of improving functional outcomes” (McGurk et al., 2013)
  - Approaches vary in length, methods, and format.

- Skill or strategy coaching focuses on teaching skills that can be used to improve cognitive performance with the aim of reducing the impact of impairment and enhancing performance on real-world cognitive tasks

- Some CR programs have been designed to be combined with specific psychiatric rehabilitation interventions

- FAST is a modification of Beth Twamley’s CCT intervention for SE (Twamley et al., 2012)
What’s In The Manual?

- Strategies that help students develop self-management skills to reduce barriers in school and enhance performance
- Develop skills and strategies to *compensate* for cognitive barriers
- Tools for them to boost efficiency…work smart, not hard
- Skills for them to practice that can improve cognitive functioning
Table of Contents

Session 1 – Introduction and Calendars
Session 2 – Prospective Memory (Calendars, Lists, Linking Tasks)
Session 3 – Short-term Prospective Memory, Conversational Attention
Session 4 – Conversational Attention, Task Attention
Session 5 – Task Attention
Session 6 – Verbal Learning and Memory/Name Learning
Session 7 – Verbal Learning and Memory
Session 8 – Verbal Learning and Memory/Note-taking
Session 9 – Cognitive Flexibility and Problem-Solving
Session 10 – Cognitive Flexibility and Problem-Solving
Session 11 – Cognitive Flexibility, Problem-Solving, and Planning
Session 12 – Skills Integration, Review, and Next Steps
Selected FAST Self-Management Skills & Strategies

- Goal setting
  - Identification of goals that relate to areas of cognitive difficulty
- To-do lists
- Task linking
- Eisenhower’s Principle: urgent vs important
  - Focus on figuring how to prioritize time and tasks
- Self-talk
- Calendaring:
  - the most important self-management skill
- Set Shifting vs Multi-Tasking
- Visualization
  - Encode- Store -Retrieve
Study Design

• A randomized controlled trial to evaluate the efficacy of FAST among college students with psychiatric conditions.

• SAMPLE:
  - College students were recruited from the NJ-NY metro area.
  - 92 eligible participants: 119 participants enrolled; 27 ineligible
  - Participants: college or graduate students who
    - are between the ages of 18-64;
    - have a DSM-IV Axis-I diagnosis;
    - [for primary study] have cognitive impairment in at least one domain as measured by performance on the MATRICS Consensus Cognitive Battery (MCCB).

• DESIGN:
  - Each participant is randomized into either the:
    - Treatment group: campus services as usual plus cognitive remediation;
    - Control group: campus services as usual plus one meeting with a cognitive specialist.
Study Design

- The experimental condition participants undergo the intervention for 12 weeks.

- All participants are assessed at 0 (baseline), 4, 8, and 12 months with:
  - the MCCB;
  - symptom ratings (BPRS);
  - self report measures of educational difficulties, cognitive problems, compensatory cognitive strategy use, and college self-efficacy.

- Transcripts are collected throughout study participation.

- Primary hypothesis: Participants receiving FAST will improve on primary academic outcomes (GPA, proportion of courses successfully completed) to a significantly greater degree across the follow-up period compared to controls.

- Secondary: performance on the MCCB; self-reported educational difficulties, cognitive problems, cognitive strategy use and college self-efficacy; symptom ratings.
FAST Intervention: Quick Overview

• Manualized compensatory cognitive remediation intervention to develop self-management skills
• Begins with Session 0
• 12 sessions divided into 4 units
  • Prospective Memory (“Remembering to Remember”)
  • Attention/Vigilance
  • Verbal Learning & Memory
  • Cognitive Flexibility & Problem-Solving
• 1 hour meeting per week
• Meetings occur on campus in private meeting areas
Session 0

• All participants receive at least one meeting
  • Those assigned to control only receive Session 0

• Review implications of common cognitive issues as they relate to school

• Personalized discussion about goals, accommodations, assistive technology, and resources on campus

• Encouraged to register with Disability Services
# Baseline Demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>FAST treatment (n=38)</th>
<th>Control (n=34)</th>
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<tbody>
<tr>
<td>Age, mean (SD)</td>
<td>28.76 (10.02)</td>
<td>28.62 (10.91)</td>
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<tr>
<td>Age range</td>
<td>18-54</td>
<td>18-54</td>
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<tr>
<td>Gender, n (%) female</td>
<td>26 (68%)</td>
<td>23 (68%)</td>
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<tr>
<td>Ethnicity(^a), n (%)</td>
<td>14 (37%) Caucasian</td>
<td>16 (47%) Caucasian</td>
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<tr>
<td></td>
<td>8 (21%) African American</td>
<td>5 (15%) African American</td>
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<tr>
<td></td>
<td>5 (13%) Hispanic</td>
<td>5 (15%) Hispanic</td>
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<tr>
<td></td>
<td>7 (18%) Asian</td>
<td>7 (21%) Asian</td>
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<tr>
<td></td>
<td>4 (11%) other</td>
<td>1 (3%) other</td>
</tr>
<tr>
<td>Subject years of education, mean (SD)</td>
<td>14.08 (1.76)</td>
<td>13.62 (1.23)</td>
</tr>
<tr>
<td>Parental years of education, mean (SD)</td>
<td>14.70 (3.09)</td>
<td>13.78 (3.09)</td>
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<tr>
<td>Prior college attempts(^b), n (%)</td>
<td>20 (53%) 0 attempts</td>
<td>23 (68%) 0 attempts</td>
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<tr>
<td></td>
<td>9 (24%) 1 attempt</td>
<td>6 (18%) 1 attempt</td>
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<tr>
<td></td>
<td>9 (24%) 2 or more attempts</td>
<td>5 (15%) 2 or more attempts</td>
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<tr>
<td>Employment status, n (%)</td>
<td>16 (42%) unemployed</td>
<td>14 (41%) unemployed</td>
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<tr>
<td></td>
<td>16 (42%) PT</td>
<td>16 (47%) PT</td>
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<tr>
<td></td>
<td>6 (16%) FT</td>
<td>4 (12%) FT</td>
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# Baseline Characteristics

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<tr>
<th>Characteristic</th>
<th>FAST treatment (n=38)</th>
<th>Control (n=34)</th>
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<tbody>
<tr>
<td>Diagnostic status, n (%)</td>
<td>27 (71%) mood disorder</td>
<td>25 (74%) mood disorder</td>
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<tr>
<td></td>
<td>21 (55%) anxiety disorder</td>
<td>16 (47%) anxiety disorder</td>
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<td></td>
<td>5 (13%) psychotic disorder</td>
<td>5 (15%) psychotic disorder</td>
</tr>
<tr>
<td>Age first diagnosed, mean (SD)</td>
<td>21.16 (7.25)</td>
<td>20.12 (7.92)</td>
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<tr>
<td>Psychotropic medication status, n (%)</td>
<td>14 (37%) none</td>
<td>10 (29%) none</td>
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<tr>
<td></td>
<td>17 (45%) antidepressant</td>
<td>18 (53%) antidepressant</td>
</tr>
<tr>
<td></td>
<td>8 (21%) anxiolytic</td>
<td>4 (12%) anxiolytic</td>
</tr>
<tr>
<td></td>
<td>4 (11%) mood stabilizer</td>
<td>4 (12%) mood stabilizer</td>
</tr>
<tr>
<td></td>
<td>3 (8%) psychostimulant</td>
<td>3 (9%) psychostimulant</td>
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<tr>
<td></td>
<td>7 (18%) antipsychotic</td>
<td>5 (15%) antipsychotic</td>
</tr>
<tr>
<td></td>
<td>7 (18%) other</td>
<td>3 (9%) other</td>
</tr>
<tr>
<td>Ever hospitalized for psychiatric</td>
<td>12 (32%) yes</td>
<td>13 (38%) yes</td>
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<tr>
<td>reasons, n (%)</td>
<td></td>
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Group Comparisons: Self-Reported Educational Difficulties
Educational Barriers Questionnaire, M. Mullen
Group Comparisons: Self-Reported Cognitive Strategy Use
Cognitive Problems & Strategies Assessment, E. Twamley

The Transitions to Adulthood Center for Research
Importance of Self-Management & Regulation

FAST is successful because it develops goal-directed behavior:

• Roots all support strategies into the student’s current academic goals (semester and long-term)
• Explores what’s getting in the way of achieving their goals
• Individualizes skill development approaches & strategies that are aligned with their articulated barriers
  • Practitioner uses their language and how they describe their barriers
• Uses distributed learning
  • Skills are taught over time & in small steps
Enhancing Academic Persistence

- MHC are variable in nature
- Identify the students goals (semester and long-term)
- Understand how the MHC gets in the way of academic performance
- Teach the skills that are underdeveloped and critical to academic success
- Develop accommodations that target the functional implications of the condition and erode persistence
Common Beliefs of Mental Health Conditions
Mental health conditions are not real in the same way that physical conditions are.
Students with mental health conditions are likely to be violent.
Activity: Reviewing Your Mental Health Knowledge

Matching Symptoms to Conditions

• In groups, you will be provided a laminated card with one symptom listed on it

• Each group will then be provided a list of mental health conditions

• Match the symptom to the conditions
  • In your group discuss if the symptom is associated with each of the conditions listed
The Transitions to Adulthood Center for Research
Common Mental Health Conditions
Schizophrenia

- Delusions
- Hallucinations
- Disorganized speech
- Disorganized or catatonic behavior
- Negative symptoms (lack of motivation, flat affect, lack of interest/pleasure, poverty of speech)

Major Depressive Disorder

- Depressed mood
- Markedly diminished interest or pleasure
- Significant weight loss or weight gain
- Insomnia or hypersomnia
- Psychomotor agitation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death (not just fear of dying)

# Bipolar Disorder

## Manic Episode
- Inflated self-esteem or grandiosity
- Decreased need for sleep
- Pressured speech or more talkative than usual
- Flight of ideas or racing thoughts
- Distractibility
- Increase in goal-directed activity
- Pleasure seeking activity

## Depressive Episode
- Depressed mood
- Markedly diminished interest or pleasure
- Significant weight/weight gain
- Insomnia or hypersomnia
- Psychomotor agitation
- Fatigue
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death

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Generalized Anxiety Disorder (GAD)

- Excessive anxiety and worry
- Restlessness, feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

Obsessive Compulsive Disorder (OCD)

Obsessions:
- Recurrent, intrusive thoughts
- Urges
- Intrusive images
- These experiences cause marked anxiety or distress

Compulsions:
- Repetitive behaviors (e.g., hand washing, ordering, checking)
- Mental acts (e.g., praying, counting, repeating words silently)

Post Traumatic Stress Disorder (PTSD)

- Intrusive memories
- Dissociative reactions (e.g., flashbacks)
- Intense or prolonged distress after exposure to triggers
- Marked physiologic reactivity after exposure to triggers
- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance/ Traumatic nightmares
- Markedly diminished interest in (pre-traumatic) significant activities
- Feeling alienated from others

<table>
<thead>
<tr>
<th>Mental Health Condition</th>
<th>Symptoms</th>
<th>Academic Implication</th>
<th>Possible Accommodation</th>
<th>Academic Resources or Supports</th>
<th>Skill Development Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal stimuli</td>
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<tr>
<td>Lack of awareness</td>
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<td>Tangential thinking</td>
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<tr>
<td>Memory deficits (EF)</td>
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</table>
Mental Health Conditions & Symptoms: Fixed or Variable?
Mental health spectrum

Healthy  Coping  Struggling  Unwell
<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Mild Symptoms and Warning Signs</th>
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<tbody>
<tr>
<td><strong>At Stage 1</strong>, a person begins to show symptoms of a mental health condition, but is still able to maintain the ability to function at home, work or school—although perhaps not as easily as before they started to show symptoms. Often there is a sense that something is “not right.”</td>
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<thead>
<tr>
<th>Stage 2</th>
<th>Symptoms Increase in Frequency and Severity and Interfere with Life Activities and Roles</th>
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<tbody>
<tr>
<td><strong>At Stage 2</strong>, it usually becomes obvious that something is wrong. A person's symptoms may become stronger and last longer or new symptoms may start appearing on top of existing ones, creating something of a snowball effect. Performance at work or school will become more difficult, and a person may have trouble keeping up with family duties, social obligations or personal responsibilities.</td>
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<thead>
<tr>
<th>Stage 3</th>
<th>Symptoms Worsen with Relapsing and Recurring Episodes Accompanied by Serious Disruption in Life Activities and Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At Stage 3</strong>, symptoms have continued to increase in severity, and many symptoms are often taking place at the same time. A person may feel as though they are losing control of their life and the ability to fill their roles at home, work or school.</td>
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<thead>
<tr>
<th>Stage 4</th>
<th>Symptoms are Persistent and Severe and Have Jeopardized One's Life</th>
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<tbody>
<tr>
<td><strong>By Stage 4</strong>, the combination of extreme, prolonged and persistent symptoms and impairment often results in development of other health conditions and has the potential to turn into a crisis event like unemployment, hospitalization, homelessness or even incarceration. In the worst cases, untreated mental illnesses can lead to loss of life an average of 25 years early.</td>
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</tbody>
</table>

Mental Health America B4 Stage 4 [http://www.mentalhealthamerica.net/b4stage4-changing-way-we-think-about-mental-health](http://www.mentalhealthamerica.net/b4stage4-changing-way-we-think-about-mental-health)
Serving Students with Mental Health Conditions

• Accommodations should be developed based on higher frequency symptoms

• Mid-semester check in

• Prescheduled sessions

• Review each semester
ACADEMIC BARRIERS
Impact of Mental Health Condition on Academic Performance

• We need to identify the way symptoms (including EF) of the illness affect a person in certain environments

• Functional implications/issues result from the disability
  • What are they?
  • How do we figure out what impact they have?
Assessing Functional Implications

1. How is the student’s daily functioning affected by the presence of the mental health condition?
2. What barrier(s) does it cause?
3. Does the medication/treatment for the condition have side effects?
4. How do these limitations affect the student’s ability to perform in the academic environment?
What Does it Look Like?

EXAMPLE:

- **Symptom/cause**: Impaired concentration due to ______
- **Functional issue**: Screening out external distractions
  - an inability to block out sounds, sights, or odors which interfere with focusing on tasks
- **Barriers caused (trouble with…)**:
  - student may not be able to concentrate on a lecture while sitting near a window overlooking an athletic field
  - while receiving tutoring in the cafeteria, a student may not be able to focus on working in such a high traffic area
  - When completing flashcards at the kitchen table while family is preparing dinner student keeps making mistakes
What Does it Look Like?
Example:

- **Symptom/cause:** psychotropic medication used to treat various mental health conditions

- **Functional Issue:** Akathisia
  - movement disorder characterized by a feeling of inner restlessness and inability to stay still.

- **Barriers Caused (trouble with…):**
  - Difficulty sitting still
  - Loss of focus
EXECUTIVE FUNCTIONING
SOME TERMINOLOGY

Refer to your handout
What are the “functions” in “Executive Functions”?

1. Planning – plotting a sequence of steps to achieve a goal
2. Reasoning – thinking through info in a logical way
3. Attentional control – choosing how one directs their attention
4. Inhibiting automatic responses – resisting urges that lead to undesired outcomes
5. Working memory – the ability to hold and process information

Let’s take a closer look…
THEY DO EXIST!

Executive Functioning Limitations
EF LIMITATIONS CAN BE MORE PROBLEMATIC THAN SYMPTOMS
EFs are Crucial to Success

1. **Planning** → large projects, papers, group work, voicing what you need, time management

2. **Reasoning** → assignments involving critical thinking, speculation, internship performance

3. **Attentional control** → sitting in class, reading long text documents

4. **Inhibiting automatic responses** → staying on task, follow through, “grit”, keeping deadlines, acknowledging classroom norms

5. **Working memory** → note-taking, exams, class participation, clinical practice
HOW DO WE RECOGNIZE EXECUTIVE FUNCTIONING BARRIERS IN STUDENTS?
There are Clues!

Look for changes in:
- Duration
- Severity
- Baseline behavior

1. **Planning** → late to class, poor quality assignments (rushed), late assignments, missed exams

2. **Reasoning** → trouble connecting previously discussed ideas with current ideas, poor essay answers on exams

3. **Attentional control** → Staring off into space, repeating questions, unfinished assignments

4. **Inhibiting automatic responses** → speaks out of turn (interrupts), preoccupied with technology

5. **Working memory** → “What was the point I was trying to make?” lack of participation, difficulty holding on to what’s read/seen/heard
Activity: Academic Implications

- Based on the previous activity (diagnosis & symptoms), in your groups brainstorm all of the academic implications you can think of

- Indicate the environment next to each academic implication
  - C = classroom
  - O = online
  - L = lab/clinical setting
<table>
<thead>
<tr>
<th>Mental Health Condition</th>
<th>Symptoms</th>
<th>Academic Implication</th>
<th>Possible Accommodation</th>
<th>Academic Resources or Supports</th>
<th>Skill Development Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar D/O with</td>
<td>Internal stimuli</td>
<td>Impaired concentration when studying</td>
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<tr>
<td>psychotic features</td>
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<td>Difficulty focusing in lectures</td>
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<td>Trouble with test taking</td>
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<td></td>
<td>Lack of awareness</td>
<td>Talking out of turn</td>
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<td>Interrupting professor</td>
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<td>Strong emotional reactions within the classroom</td>
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<td></td>
<td>Tangential thinking</td>
<td>Difficulty communicating ideas clearly</td>
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<td>Trouble with structuring written assignments</td>
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<td></td>
<td>Memory deficits (EF)</td>
<td>Committing what is read or seen to memory</td>
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<td>Trouble remembering appointments/due dates</td>
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<td>Difficulty recalling steps in a task</td>
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<td>Loss of academic materials</td>
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NOW UPDATE YOUR WORKSHEET
LUNCH BREAK!!

Be back in an hour and a half…
SMALL GROUP DISCUSSION: WHAT GETS IN THE WAY OF BETTER SERVING COLLEGE STUDENTS w/ MHC? PART 1

How do we get them to come? What are you currently doing?
SKILLS AND RESOURCES
Selected FAST Self-Management Skills & Strategies

• Goal setting
  • Identification of goals that relate to areas of cognitive difficulty

• Calendaring:
  • the most important self-management skill

• To-do lists

• Eisenhower’s Principle: urgent vs important
  • Focus on figuring how to prioritize time and tasks

• Self-talk

• Task linking

• Set Shifting vs Multi-Tasking

• Visualization
  • Encode- Store -Retrieve
**TIME & TASK MANAGEMENT**

The most critical skill sets for college students…
Remember…

- College students with psychiatric conditions struggle to *persist*, not necessarily with performance
  - GPA may be a transient issue or content-specific
  - May have history of incompletes or sudden termination of classes

- It the personal amount of effort required to *manage* multiple competing demands which results in stress

- Increased amount of *unhealthy* stress may decrease a person’s resilience to academically persist
  - Think about the student who is successful at 4 courses, but cannot manage 5 courses well…its not intelligence/capacity, its *bandwidth*

- EF skills promote self-regulation & management to enhance performance
Focusing on Skill Development & Strategy Use

- Increases competence & reduces long-term support needs
- Developing competencies leads to better performance & enhanced self-efficacy and therefore reduce perceived personal effort/ stress

- Students who were taught FAST had greater academic persistence than those in the control condition
  - Stayed in school longer, completed more classes
  - Used strategies & skills
HYPE/FAST Example: Time & Task Management

• Complex skill set

• Time:
  • what am I doing with my time?
  • how much time do I have?

• Task:
  • what do I have to do?
  • how much time will this take?

• Common companion skills/strategies:
  • Prioritizing tasks
  • Task chunking
  • Set shifting
  • Reminders
Foundation for Time Management

- CALENDARING!!!!
  - Think about where you would be without a calendar
  - Ask your students what type of system they use
- One calendar: paper OR electronic
  - Very, very rarely both, so rarely that I say never use both
- All syllabi assignments & exams should be in the calendar within the first week of school
- Calendar should be able to accommodate time and task management activities daily and give a weekly view
- Sometimes people just need a little help getting organized 😊
<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
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<td>12</td>
<td>13</td>
<td>14</td>
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</tbody>
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The Transitions to Adulthood Center for Research
Time & Task Management

- Assessing how long it will take to complete a task
- Identifying how many tasks need to be accomplished daily/weekly/monthly
- Prioritizing what tasks need to come first
- Breaking down tasks (e.g. assignments) into smaller tasks
  - Identifying how long each of these smaller tasks will take and figuring out the order
- Make a list (daily/weekly to-do list):
  - To-do lists do not have to be a part of the same calendaring system- this can be paper, if you have an electronic calendar
TO DO:

[ ] KBA review prior to Thursday 11/1 meeting
[ ] set up data mining meeting w/ PAM
[ ] review practitioner guide from NIK
[ ] set up publication type
[ ] STA meeting - ALYSON: PAM

how likely are you to ask a friend "how are you" "good?"

[ ] call school/HR support
[ ] email V.N. to begin to plan next week
[ ] recommendation slide
[ ] ATTEND:
[ ] calendaring: get blasting ideas
[ ] introduction to section
[ ] set McCall 2016 - disclosure
[ ] email WASS Arizest

[ ] set up a meeting to see PAM (K?)
about progress w/ certification

[ ] considerations for certification
[ ] outline - google doc

[ ] outline to Tara (Kentucky)
[ ] review HYPE website
What goes in the calendar: Step 1

• Anything fixed/scheduled: exams, appointments, deadlines, group study sessions

• Anything that requires “carved out” time: exercise, wellness, time with children/loved ones
  • Need to happen, but the time it occurs may potentially be negotiable (e.g. walk 30m: could be in am or mid-afternoon)
  • Typically these tasks need to have time on the calendar in order for students to assess how much available time is left to do other important things

*If it’s not on the calendar, it does not happen and it typically doesn’t, unless of course, its: trolling IG, online shopping, watching TV…*
What goes in the calendar: Step 2

• Task Chunking & To-Do lists

• Setting the priorities/outputs for the week(s)/month
  • Keep your small items to do on the list, and put the big things on the calendar (e.g. do laundry)
  • Unless you will forget to pick up the dry cleaning and you need that shirt for an interview/presentation tomorrow- put that on the calendar
  • Move the big things to the calendar

• Break down assignments into smaller sections
  • write introduction
  • conduct lit review
  • incorporate revisions
<table>
<thead>
<tr>
<th>Date</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun</td>
<td>Michelle at UMASS</td>
</tr>
<tr>
<td>Mon</td>
<td>UMASS Grant meeting 9 – 10am</td>
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<tr>
<td>Mon</td>
<td>HYPE Site Review Feedback 10 – 11am</td>
</tr>
<tr>
<td>Mon</td>
<td>SPARC Contract Meeting 11am – 12:30pm</td>
</tr>
<tr>
<td>Mon</td>
<td>Bi-Weekly Program Team 11am, +1 (877) 746-4263; Supervision 1 – 3pm</td>
</tr>
<tr>
<td>Mon</td>
<td>DRRP Conference 12pm, <a href="https://ddrppastevents.com/">https://ddrppastevents.com/</a></td>
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<tr>
<td>Mon</td>
<td>Develop AHEAD ppt 2 – 4pm</td>
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<tr>
<td>Mon</td>
<td>Write IES design 4 – 7pm</td>
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<tr>
<td>Mon</td>
<td>Drive to Long Island 7 – 8pm</td>
</tr>
<tr>
<td>Tue</td>
<td>John:Michelle 11 – 11:45am</td>
</tr>
<tr>
<td>Tue</td>
<td>HYPE Site Review Feedback 9:30 – 10:30am</td>
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<tr>
<td>Tue</td>
<td>HOLD Lunch with Phil 12 – 2pm</td>
</tr>
<tr>
<td>Tue</td>
<td>Complete IF review 2 – 3:30pm</td>
</tr>
<tr>
<td>Tue</td>
<td>Revise Preventing Disability Manuscript 6 – 8pm</td>
</tr>
<tr>
<td>Wed</td>
<td>MAB 9-11 A prep 9 – 11am</td>
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<tr>
<td>Wed</td>
<td>WW 9 – 10am</td>
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<tr>
<td>Wed</td>
<td>Marsha 10 – 11am</td>
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<tr>
<td>Wed</td>
<td>Pau, 11am</td>
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<tr>
<td>Wed</td>
<td>Michelle Pau Katie: check 11:30am – 12:30pm</td>
</tr>
<tr>
<td>Wed</td>
<td>Make recordings 12:30 – 1:30pm</td>
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<tr>
<td>Thu</td>
<td>JED Campus Color Convo 12pm, 1 (877) 746-4263 Pts</td>
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<tr>
<td>Thu</td>
<td>Hold JED Lunch with Pau, 1 (877) 746-4263 Pts</td>
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<td>Thu</td>
<td>Kandace 2 – 3pm</td>
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<td>Thu</td>
<td>Silton School 2 – 3pm</td>
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<td>Thu</td>
<td>Judy 3:15 – 4:15pm</td>
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<td>Fri</td>
<td>UMASS payday</td>
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<tr>
<td>Fri</td>
<td>Kellie Bradys Bday</td>
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<tr>
<td>Sat</td>
<td>Aqua Tabata 8:30 – 9:30am</td>
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<tr>
<td>Sat</td>
<td>Body pump 4:30 – 5:30pm</td>
</tr>
<tr>
<td>Sat</td>
<td>Revise Preventing Disability Manuscript 6 – 8pm</td>
</tr>
</tbody>
</table>
What goes in the calendar: Step 3

• Set shifting vs Multi-tasking

• Lots of time is wasted:
  • Trying to do many different things at one time
  • Transitioning between tasks
  • After a disruption (re-immersion takes approximately 26 minutes)

• Structuring your time (when possible) to do things in sets
  • Email
  • Writing
  • Work by content-area
  • Thinking (studying)

• Identify times for sets based on need & preference/productivity
Skills & Strategies

• Skills and strategies need to be taught and developed, not just pointed out

• Access to information does not develop skills, but may enhance understanding of why they are needed

• Mental health conditions affect young adults’ ability to develop EF skills- it is an implication of their condition, not a sign of lack of will or interest

• Distributed learning:
  • teaching a step at a time and
  • allowing for practice
  • provide constructive feedback
  • repeat
<table>
<thead>
<tr>
<th>Mental Health Condition</th>
<th>Symptoms</th>
<th>Academic Implication</th>
<th>Skill Development Areas (self management)</th>
</tr>
</thead>
</table>
| Internal stimuli        | Impaired concentration when studying | • Schedule study time based on energy level  
|                         | Difficulty focusing in lectures    | • Shorter more frequent study periods  
|                         | Trouble with test taking           | • Try strategies from the Hearing Voices network  
|                         |                                     | • Recite mantra/positive affirmations  |
| Lack of awareness       | Talking out of turn                | • Social skills training  
|                         | Interrupting professor             | • Develop “class rules”  
|                         | Strong emotional reactions within the classroom | • Write questions/comments before asking  
|                         |                                     | • Wellness planning (WRAP)  |
| Tangential thinking     | Difficulty communicating ideas clearly | • Talk through problems out loud  
|                         | Trouble with structuring written assignments | • Seek out feedback (natural supports)  
|                         |                                     | • Develop brainstorming strategies  |
| Memory deficits (EF)    | Committing what is read or seen to memory | • Visualization and self-talk  
|                         |                                     | • Writing things down  
|                         |                                     | • Application of memory aids such as mnemonic devices and other compensatory strategies  
|                         |                                     | • Calendaring/appointment systems synced to multiple devices  
|                         |                                     | • Summarizing points  
|                         |                                     | • Rewriting/typing notes  |
HYPE Key Support Strategies

- Emotional Support – Active listening, centered in hope, empathy
- Instrumental Support - Tangible aid, linkage to resources and services
- Informational Support - Information sharing to increase informed decision making
HYPE Emotional Support

• Build rapport and trust

• Don’t blame, shame, or make judgements

• Normalize that school is difficult

• Ask open ended questions

• Check for understanding and clarification
HYPE Instrumental Support

- Organization
  - Academic materials
  - Physical space
- Time management & calendaring
- Prioritizing tasks
- Taking notes
- Preparing for exams
- Writing a paper
- Management health & wellness
HYPE Instrumental Support

Campus Resources Activity

Within your group, create a list of campus resources or services that you link to in your service

• What do these resources/services offer students?

• How are these resources/services critical to academic success?
<table>
<thead>
<tr>
<th><strong>Mental Health Condition</strong></th>
<th><strong>Symptoms</strong></th>
<th><strong>Academic Implication</strong></th>
<th><strong>Academic Resources or Supports</strong></th>
<th><strong>Skill Development Areas (Self Management)</strong></th>
</tr>
</thead>
</table>
| **Bipolar Disorder w Psychotic Features** | Internal stimuli | Impaired concentration when studying | • Library/ Study Halls  
• Tutoring  
• Use of study apps | • Schedule study time based on energy level  
• Shorter more frequent study periods  
• Try strategies from the Hearing Voices network  
• Recite mantra/positive affirmations |
| | Difficulty focusing in lectures | | • Register for shorter sections (1.5 hrs 2x per wk) | |
| | Trouble with test taking | | • Testing center | |
| | Lack of awareness | Talking out of turn | | • Social skills training  
• Develop “class rules”  
• Write questions/comments before asking  
• Wellness planning (WRAP) |
| | Interrupting professor | | • Faculty office hours | |
| | Strong emotional reactions within the classroom | | • Counseling Services  
• Campus peer support | |
| | Tangential thinking | Difficulty communicating ideas clearly | • Tutoring  
• Office hours | • Talk through problems out loud  
• Seek out feedback (natural supports)  
• Develop brainstorming strategies |
| | Trouble with structuring written assignments | | • Writing lab  
• Office hours | |
| Memory deficits (EF) | Committing what is read or seen to memory | | • Tutoring services  
• Academic Success Workshops: Studying  
• Academic Success Workshop: Note taking | • Visualization and self-talk  
• Writing things down  
• Application of memory aids such as mnemonic devices and other compensatory strategies  
• Calendaring/appointment systems synced to multiple devices  
• Summarizing points  
• Rewriting/typing notes |
HYPE Informational Support

- ADA rights
- Process for taking proctored exams
- Process for renewing accommodations
- What to do if accommodations are not meeting their needs
SMALL GROUP DISCUSSION: WHAT GETS IN THE WAY OF BETTER SERVING COLLEGE STUDENTS w/ MHC? PART 2

What Gets in the Way of Determining Effective Accommodations?
ACCOMMODATIONS & ASSISTIVE TECHNOLOGY
Putting it all together
What Does it Look Like?

- **Functional Issue: Akathisia from psychotropic medication**
  - Akathisia is a movement disorder characterized by a feeling of inner restlessness and inability to stay still.

- **Barriers (trouble with…):**
  - Difficulty sitting still
  - Loss of focus

- **Possible Solutions:**
  - Increased breaks
  - Note taker or recorded class period
  - Standing desk
  - Shorter class periods (if offered)
What does it look like?

- **Functional issue**: Screening out external distractions
  - an inability to block out sounds, sights, or odors which interfere with focusing on tasks

- **Barriers caused (trouble with...)**:
  - Student may not be able to concentrate on a lecture while sitting near a window overlooking an athletic field
  - While receiving tutoring in the cafeteria, a student may not be able to focus on working in such a high traffic area
  - When completing flashcards at the kitchen table while family is preparing dinner student keeps making mistakes
<table>
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<tr>
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<th>Symptoms</th>
<th>Academic Implication</th>
<th>Possible Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal stimuli</td>
<td>Impaired concentration when studying</td>
<td></td>
<td>Note taker or note taking software</td>
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<tr>
<td></td>
<td>Difficulty focusing in lectures</td>
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<td>smartpen</td>
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<td></td>
<td>Trouble with test taking</td>
<td></td>
<td>Extended time</td>
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<td></td>
<td>Proctored Exams</td>
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<td></td>
<td></td>
<td></td>
<td>Exams read aloud</td>
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<td></td>
<td></td>
<td></td>
<td>Headphones with music for exams</td>
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<tr>
<td>Lack of awareness</td>
<td>Talking out of turn</td>
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<td></td>
<td>Interrupting professor</td>
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<td></td>
<td>Strong emotional reactions within the classroom</td>
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<td>Classroom buddy</td>
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<td>Ability to take breaks</td>
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<tr>
<td>Tangential thinking</td>
<td>Difficulty communicating ideas clearly</td>
<td></td>
<td>Use of scratch paper during exams</td>
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<td></td>
<td>Trouble with structuring written assignments</td>
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<td>Ability to submit early for feedback</td>
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<td>Requesting model of assignment</td>
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<tr>
<td>Memory deficits (EF)</td>
<td>Committing what is read or seen to memory</td>
<td></td>
<td>Increased frequency of exams</td>
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<td></td>
<td>Alternate assignments or exams based on application rather than memorization</td>
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<td></td>
<td></td>
<td></td>
<td>Use of assistive computer software</td>
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<td></td>
<td>Recorded lectures</td>
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<td></td>
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<td>Textbooks in alternate format</td>
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<td></td>
<td>Trouble remembering appointments/due dates</td>
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<td></td>
<td>Difficulty recalling steps in a task</td>
<td></td>
<td>Written instructions for all tasks/assignments</td>
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<td>Loss of academic materials</td>
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<td>Online repository for class content</td>
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</tbody>
</table>
Activity: Update Worksheet

• Collaborate with your group to brainstorm possible accommodations based on the student on your conceptualization form.

• If there is an area where you and your group are stuck, notify one of the facilitators and we’ll open it up to the room.
RECOMMENDATIONS
Recommendation: Improving Services

• Reduce language/messaging of disability, when possible, in services

• Provide “temporary” accommodations
  • During the process of registration & time of developing/changing diagnosis, if immediate help is needed
  • Outcome: Enhances engagement, develops trust and a therapeutic alliance, and improves academic persistence/retention

• Develop “office cheat sheet” matching AAT and functional implications

• Seek additional training/consultation if you/your staff would benefit from more knowledge/skills
  • Join an active Community of Practice

• Develop opportunities for faculty to learn about Universal Design of Learning (UDL)
Recommendations: Increasing Access

- OAS mission & materials should be revised to include mental health diagnoses as an example of eligible conditions
- Work with CAPS & Academic Affairs (e.g., probation) to identify new students who would potentially benefit from additional support
  - Students typically do not disclose on campus
- Develop anti-stigma campaigns on campus
- Provide assistance while a student is getting paperwork together
- Link students to no-cost evaluators if needed for documentation
  - Neuropsych tests are helpful to understand EF implications
Recommendations: Enhancing Accommodations

• Identify the functional implications of the symptoms:
  • In-class, on-line, and out-of-class learning & demonstration of knowledge

• Consider if the standard accommodations (e.g. 1.5x time) is helpful when considering the academic implications
  • Sometimes, more time is just more time with the same outcome

• Ensure course-based accommodations
  • math-based courses may not be the same for language-based

• Provide recommendations to students about professors that may be a better fit based on teaching/evaluation style
FAST Proposal: Seeking Interested Schools

- We are submitting a federal grant to test FAST and FAST with HYPE
- Seeking partnerships with 4-year IHEs
- Enhance academic persistence among students with mental health conditions
- UMASS will provide funding for the cognitive remediation and support interventionist
  - Position may fit within Accessibility/Disability Services, Counseling Services, Academic Support/Learning/Tutoring Services, or other relevant student support offices
- Please reach out if you/your office/ school is interested in learning more: HYPE@umassmed.edu
Wrap Up

What did we learn today?
How likely are you to use this information when you go back “home”?
Thank You!

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Brittany Stone: stonebl@shp.rutgers.edu
Amy Banko: Amy.Banko@rutgers.edu

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