NAVIGATING THE UPS AND DOWNS TO CAPS AND GOWNS

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

NARRTC Conference
April 23-24, 2019
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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Agenda

- Chair/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
Mental Health in Higher Education

• Roughly 1/3 of undergraduates have clinically significant symptoms of mental health problems such as depression and anxiety\(^1\)

• Students with mental health conditions who attend college experience high dropout rates - one of the highest of any disability group.\(^2\)

• Positive mental health is strongly correlated to academic success, retention, and ultimately vocational success, adult resiliency & Return on Investment.\(^3\)
Peer Academic Supports for Success (PASS):
An empirically supported peer coach intervention to help students with MHC succeed academically

PHASE 1  PHASE 2  PHASE 3  PHASE 4
PAPER 1: SPEAKING OUT: QUALITATIVE INTERVIEWS WITH COLLEGE STUDENTS WITH MENTAL HEALTH CONDITIONS, FACULTY AND STAFF

Ian A. Lane, B.A.
University of Massachusetts Medical School
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% transferred
- 75% currently in outpatient therapy

Disability Services Staff
- Primarily female (89%), white (78%)
- 67% in current position ≤2 years

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

Counseling Staff
- Primarily white (87.5%), female (87.5%)
- 75% were in their current position ≤5 years
Qualitative Coding

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

- 3 staff coding with Dedoose
  - Primary and secondary coders
  - Interrater reliability consistently greater than 80%
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
Perspectives among faculty differ 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 understaffed.

“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 the ability of faculty and staff to support students effectively
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PAPER 2: DEVELOPING THE PASS INTERVENTION

Dori S. Hutchinson, Sc.D.
Boston University Center for Psychiatric Rehabilitation
Inspiration for PASS Manual Content

• Phase 1 qualitative interviews

• Two pre-existing college coaching models:

1. Wright State University’s Raiders on the Autism Spectrum Excelling (RASE) program for students on the Autism Spectrum

2. Boston University’s college coaching model for students with mental health conditions
Peer Coaching Structure

• Coaches
  • Upperclassmen at Boston University
  • Academically successful and thriving on-campus

• Students
  • Undergraduates at Boston University
  • Mental health conditions
  • Academic impairments

• Coaching Structure
  • 1x/week in person coaching session
  • Up to 4 hours of coaching/week
PASS Core Competencies

- Structure
- Technology
- Emotional Agility
- Advocacy
- Resiliency
PASS Peer Coach Manual

Topics include:

- Peer support approach
- Supported education
- Resiliency and wellness framework
- Responding with empathy
- Motivational Interviewing
- Crisis response and suicide prevention
- Reasonable Accommodations
- Peer coach self-care
Tools & Tip Sheets

Coaching Tool - Coaching Students to Build Structure

The capacity to structure one’s time and work as a college student is a crucial skill area. The demand on students to organize their time and work assignments, as well as manage time to assure assignments are due on time is much greater than when in high school.

Assess with your student their skills strengths and skills needs in building implementing and managing a personal structure for academic success. Identify skills or support needed. These can then be worked on in coaching sessions.

Examples could include:
1. Planning study and homework time each day
   - Planning early review of exams
   - Planning study areas
2. Planning sleep routines
3. Planning travel time to classes to ensure on-time arrival
4. Breaking down longer assignments into smaller tasks over several weeks
5. Creating a visual calendar of assignments for week and semester
6. Using technology to set visual and auditory reminders

Together examine any resource or support students may need to be successful related to building a healthy structure. Your student may want assistance with:
1. Using campus tutoring services
2. Finding a quiet study area
3. Choosing a planner that they like and will use
4. Having visual reminders and placing them in useful locations

Coaching Tool - Building Advocacy Skills

Self-advocacy is the ability to understand and effectively communicate one’s needs to other individuals. Advocacy is a critical skill in college in part because it is each student’s responsibility to seek out documents, and use them to support their personal advocacy.

When building self-advocacy skills:
1. Ask the student about their learning style and whether they need any reasonable accommodations
2. If they have implemented accommodations with professors and if they need help with this task
3. Their values, interests, and strengths with you to build their self-identity
4. Their academic and personal goals for each semester
5. The student knowledge of their disability
6. Their educational, health, and academic resources on campus
7. Their responsibilities together.

Reasonable accommodations for students with disabilities and encourage them to access disability services and academic support. Help students develop self-advocacy skills. Help students with knowledge of reasonable accommodations.

Coaching Tool - Reasonable Accommodations

Students who have mental health conditions may need support to do their best in school, work. The “Americans with Disabilities Act” (ADA) requires institutions of higher education to provide reasonable accommodations.
Meeting 1 – Completing Student-Peer Coach Agreement

Meeting 2 – Identifying student’s short and long term goals

Meeting 3 – Strategizing about how to handle triggers/stressful situations

Meeting 4 – Social Outing

Meeting 5 – Mid-term preparation

Template Agendas – Activities
Student-Peer Coach Meeting Agenda

1. Rapport Building
2. Logistics/Housekeeping
3. Discussion of Topic
4. Action Activity
5. Review of Student & Coach Tasks for Next Week
6. Final Thoughts or Concerns
## Coaching Principles & Ethics

<table>
<thead>
<tr>
<th>Principles</th>
<th>Ethics</th>
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</thead>
<tbody>
<tr>
<td>Wellness-oriented</td>
<td>Promote ethical behavior</td>
</tr>
<tr>
<td>Person-centered</td>
<td>Practice responsibilities</td>
</tr>
<tr>
<td>Relationship-focused</td>
<td>Confidentiality</td>
</tr>
<tr>
<td>Strengths-based</td>
<td>Individualization</td>
</tr>
<tr>
<td>Voluntary</td>
<td>Supervision</td>
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</table>
Peer Coach Training & Supervision

Peer Coach Supervisor with extensive college mental health coaching experience provides training and ongoing supervision

<table>
<thead>
<tr>
<th>Training</th>
<th>Group Supervision</th>
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</thead>
<tbody>
<tr>
<td>Webinars</td>
<td>Weekly (1 hour)</td>
</tr>
<tr>
<td>In-person trainings</td>
<td>Practice peer coaching skills</td>
</tr>
<tr>
<td>Total of 12 hours</td>
<td>Mutual support</td>
</tr>
<tr>
<td></td>
<td>Learning opportunities</td>
</tr>
</tbody>
</table>
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PAPER 3: PASS ACADEMIC PEER COACHING FEASIBILITY: HOW IT’S GOING SO FAR

Maryann Davis, Ph.D.
University of Massachusetts Medical School
Open Trial

• **Goals**
  - Field test the intervention
  - Field test research methods; recruitment/retention/measurement

• May & September 2017
  - Hired and trained 8 PASS Coaches

• Sept-December 2017
  - Screened & Enrolled 12 participants
  - All received PASS

• Sept ‘17-May’18
  - Implemented PASS

• May ‘18 - Focus groups
## Logic Model

<table>
<thead>
<tr>
<th><strong>Inputs</strong></th>
<th><strong>PASS Coach Activities (Intermediate Target)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Campus resources</td>
<td>1. Build peer rapport with student (3)</td>
</tr>
<tr>
<td>• Student demographics (SES, gender, race)</td>
<td>2. Teach calendaring method (1&amp;5)</td>
</tr>
<tr>
<td>• Baseline student academic capacities</td>
<td>3. Identify apps that fit student;</td>
</tr>
<tr>
<td></td>
<td>a. academic apps (1,4)</td>
</tr>
<tr>
<td></td>
<td>b. wellness apps (2)</td>
</tr>
<tr>
<td></td>
<td>c. emotional agility apps (2)</td>
</tr>
<tr>
<td></td>
<td>4. Reframe experiences student perceives as negative (2)</td>
</tr>
<tr>
<td></td>
<td>5. Acknowledge students’ feelings (2)</td>
</tr>
<tr>
<td></td>
<td>6. Evaluate pros and cons with student (2)</td>
</tr>
<tr>
<td></td>
<td>7. Identify solutions to challenges with student (2)</td>
</tr>
<tr>
<td></td>
<td>8. Connect student strengths to their academic and wellness goals (2)</td>
</tr>
<tr>
<td></td>
<td>9. Role plays self-advocacy with professors regarding student’s learning needs/ accommodations (5)</td>
</tr>
<tr>
<td></td>
<td>10. Conveys knowledge about campus;</td>
</tr>
<tr>
<td></td>
<td>a. Disability resources (4,5)</td>
</tr>
<tr>
<td></td>
<td>b. Health resources (2,5)</td>
</tr>
<tr>
<td></td>
<td>c. Academic resources (1,4,5)</td>
</tr>
<tr>
<td></td>
<td>11. Develops semester academic goals (1 &amp; 5)</td>
</tr>
<tr>
<td></td>
<td>12. Identify student values, interests, and strengths (4)</td>
</tr>
<tr>
<td></td>
<td>13. Explore student identity (3)</td>
</tr>
<tr>
<td></td>
<td>14. Supports student development of self-care routines &amp; wellness (2)</td>
</tr>
<tr>
<td></td>
<td>15. Student practices with Coach;</td>
</tr>
<tr>
<td></td>
<td>a. effective communication of personal difficulties (5)</td>
</tr>
<tr>
<td></td>
<td>b. asking for help when needed (2,5)</td>
</tr>
<tr>
<td></td>
<td>16. Coach shares personal;</td>
</tr>
<tr>
<td></td>
<td>a. self-advocacy skills with student (5)</td>
</tr>
<tr>
<td></td>
<td>b. stress coping skills with student (2)</td>
</tr>
<tr>
<td></td>
<td>17. Connect and accompany students to social opportunities on campus (3)</td>
</tr>
</tbody>
</table>

### Intermediate Targets

1. Executive Function Skills 4. Academic self-efficacy  
2. Resiliency 5. Self-Determination  
   a. Emotional agility  a. Self-empowerment  
   b. Stress-coping abilities b. Help-seeking behaviors-mental health  
3. Social support  c. Help-seeking behaviors-academic

### Outcomes

1. Improved GPA  
2. Increased academic persistence  
3. Increased retention rates  

**Ultimate Goal** = Graduation
Open Trial – Data Collection

• Participants
  • Baseline demographics
  • Baseline, end of semester 1, end of semester 2 measures
  • Formal records
  • Focus groups

• Coaches
  • Coach logs
  • Self-assessment of fidelity
  • Focus group

• Supervisors
  • Supervision Notes
Recruitment (N=12)

- No referrals/enrollments until November
- Posted flyers, gave presentations, emailed potential referral sources, Facebook posting on BU site

Enrollment sources
- 6 - Center for Psychiatric Rehabilitation (services for students – including program for returning students w SMHC)
- 3 - Facebook posting
- 2 - Large event presentations
- 2 - Behavioral health/health center
- 1 – Faculty

All referrals were eligible and enrolled
Demographics

**Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>22</td>
<td>1</td>
</tr>
</tbody>
</table>

**Gender:** 9 Females, 3 Males

**Race:** 9 White, 3 Asian
Past Year Educational Barriers Possible Range 18-72: Median=42.5

Managing Academic Stress

Withdrawn from class due to MH: 50%
Leave of Absence due to MH: 45%
Receiving Off Campus MH services: 67%
Retention/Data Completion

- 100% Research retention
- 86% Intervention retention
- > 95% completion of scheduled data collection points
## Pre- post- Intervention Comparison

**Intermediate Targets**

<table>
<thead>
<tr>
<th>Variable</th>
<th>T0 Mean</th>
<th>SD</th>
<th>T2 Mean</th>
<th>SD</th>
<th>p-value*</th>
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</thead>
<tbody>
<tr>
<td>AIR – Self Determination</td>
<td>73.3</td>
<td>20.7</td>
<td>82.5</td>
<td>21.8</td>
<td>0.008</td>
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<tr>
<td>Brief Resilience Scale</td>
<td>17.6</td>
<td>1.8</td>
<td>18.4</td>
<td>1.2</td>
<td>0.169</td>
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<td>Academic Self-Efficacy</td>
<td>68.6</td>
<td>17.9</td>
<td>76.2</td>
<td>18.3</td>
<td>0.074</td>
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<tr>
<td>General Self-Efficacy</td>
<td>24.8</td>
<td>6.3</td>
<td>30.8</td>
<td>6.2</td>
<td>0.003</td>
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<tr>
<td>Distress (K10)</td>
<td>27.3</td>
<td>7.7</td>
<td>22.2</td>
<td>7.3</td>
<td>0.028</td>
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<tr>
<td>Time Management Behavior Scale - Total</td>
<td>83.9</td>
<td>10.9</td>
<td>91.3</td>
<td>13.8</td>
<td>0.037</td>
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<tr>
<td>Mechanics of Time Management</td>
<td>20.8</td>
<td>3.8</td>
<td>22.2</td>
<td>4.8</td>
<td>0.622</td>
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<tr>
<td>Perceived time control</td>
<td>14.1</td>
<td>3.3</td>
<td>14.1</td>
<td>3.0</td>
<td>0.857</td>
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<tr>
<td>Preference for Organization</td>
<td>18.3</td>
<td>5.8</td>
<td>18.6</td>
<td>5.4</td>
<td>0.918</td>
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<tr>
<td>Setting goals &amp; priorities</td>
<td>30.7</td>
<td>8.4</td>
<td>36.4</td>
<td>10.1</td>
<td>0.011</td>
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</table>

*p-value* indicates significance level for Wilcoxon Signed Ranks Tests.
Pilot RCT Design

- May & September ‘18
  - Hired and trained 15 PASS Coaches
- Sept ‘18-February‘19
  - Screened & Enrolled 50 participants
  - Randomized to PASS vs. Resource Information Session
- Sept ‘18-May’19
  - Implemented PASS
- May ‘19 - Focus groups
## Demographics

<table>
<thead>
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<th>Variable</th>
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<th>Control (n=25)</th>
<th>Total</th>
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<tr>
<td>Age (Mean±SD)</td>
<td>19.0±1.1</td>
<td>19.5±1.5</td>
<td>19.2±1.3</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>33%</td>
<td>12%</td>
<td>22%</td>
</tr>
<tr>
<td>Female</td>
<td>68%</td>
<td>80%</td>
<td>74%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>67%</td>
<td>56%</td>
<td>61%</td>
</tr>
<tr>
<td>Black</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Asian</td>
<td>21%</td>
<td>40%</td>
<td>31%</td>
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<tr>
<td>Other</td>
<td>8%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Latino</td>
<td>29%</td>
<td>0%</td>
<td>14%</td>
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## Baseline Intermediate Targets

<table>
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<th>Variable</th>
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<th>SD</th>
<th>Control Mean</th>
<th>SD</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR – Self Determination</td>
<td>76.0</td>
<td>11.0</td>
<td>79.38</td>
<td>12.110</td>
<td>0.314</td>
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<tr>
<td>Brief Resilience Scale</td>
<td>18.5</td>
<td>2.1</td>
<td>17.9</td>
<td>2.6</td>
<td>0.362</td>
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<tr>
<td>Academic Self-Efficacy</td>
<td>68.3</td>
<td>16.6</td>
<td>68.0</td>
<td>11.0</td>
<td>0.93</td>
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<tr>
<td>General Self-Efficacy</td>
<td>24.8</td>
<td>4.6</td>
<td>25.4</td>
<td>4.0</td>
<td>0.632</td>
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<tr>
<td>Distress (K10)</td>
<td>28.5</td>
<td>6.8</td>
<td>29.7</td>
<td>5.8</td>
<td>0.504</td>
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<td>Time Management Behavior Scale - Total</td>
<td>83.0</td>
<td>9.7</td>
<td>84.2</td>
<td>8.9</td>
<td>0.653</td>
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*p-value* Independent Samples T-Tests
Thank You!

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References

Paper 1:


Paper 2: