

# PEER COACHES PROMOTING ACADEMIC SUCCESS FOR COLLEGE STUDENTS

---

Kathryn Sabella, MS

Transitions Research and Training Center (RTC)

Systems and Psychosocial Advances Research Center (SPARC)

University of Massachusetts Medical School – Worcester, MA



# Acknowledgements

The Learning & Working Center at Transitions RTC is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center.

Visit us at:

<http://www.umassmed.edu/TransitionsRTC>

The contents of this presentation were developed under a grant with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, and from the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (ACL GRANT # 90RT5031, The Learning and Working Transitions RRTC). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). Additional funding provided by UMass Medical School's Commonwealth Medicine division. The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, SAMHSA, and you should not assume endorsement by the Federal Government.



# Who We Are

## Learning & Working RRTC/ Transitions RTC

We aim to improve supports for the successful completion of schooling and movement into rewarding work lives among young people, ages 14-30, with serious mental health conditions.

- Conduct cutting-edge rigorous research that tests or informs interventions
- Develop and translate knowledge to multiple stakeholders



# WHY COLLEGE STUDENTS?

---



# The Problem

- College attendance rates among student samples with MHC range from 7% - 26% compared to 40% for the general population.<sup>1,2</sup>
- College students with MHC experience longer delays in entering college<sup>3</sup> and have one of the highest dropout rates of any disability group.<sup>4</sup>
- The American College Health Association 2006 survey<sup>5</sup> (N=94,806 students across US) reports that within past year:
  - 44% have felt so depressed it was difficult to function.
  - 8% reported having a depressive disorder.
  - 12% had an anxiety disorder.
  - 90% reported having seriously considered suicide within the past year. 1.3% actually did attempt suicide.



# The Solution...

- Better understand academic barriers college students with MHC face.
- Develop relevant academic supports

## **Overall GOAL of PASS:**

Produce an empirically supported peer coach intervention to help students with MHC succeed academically using knowledge gained in Phase 1 about barriers college students face





# Brief Methods:

- **Phase 1 (Stakeholder Experiences)**
  - Interviews with stakeholders; college students, faculty, office of disability services staff, college counseling center staff
- **Phase 2 (Make Adaptations/Specify Manual)**
  - Adapt academic coach models for this population
- **Phase 3 (Pilot Feasibility Trial)**
  - Open trial (N=10) of the PASS approach, at BU to assess feasibility
- **Phase 4 (Pilot Randomized Control Trial (N=50))**
  - PASS vs Services as Usual



# PHASE 1: QUALITATIVE INTERVIEWS

---



# General Research Methods

- **Participating Sites:** Boston University, UMass Boston, Wright State University
- **Interview Participants:**
  - College Students (N=25)
  - College Faculty (N=21)
  - Counseling Center Staff (N=9)
  - **Disability Center Staff (N=9)**
- **Qualitative one hour interviews covered:**
  - Experiences working with YA students with MHC
  - Unique challenges and facilitators to academic success
  - Thoughts about peer coaching model



# Disability Services Interviews

- Recruitment:
  - ODS Directors nominated staff who had prior experience providing services/supports to students with MHC
- Example Questions:
  - “What kinds of supports do you feel students with mental health conditions need to be academically successful?”
  - “Have you ever referred students to other on-campus supports (i.e. mental health services, student services/etc.)?”
- Coding Interviews:
  - Developed preliminary themes
  - Identified concrete codes
  - Developed coding manual
  - 3 interviewers coding with Dedoose



# FINDINGS OF PHASE 1: DISABILITY SERVICES STAFF

---



# Participant Demographics

Table 1. Participant Demographics (N=9)

Table 1. Participant Demographics (N=9)	
Gender	
Female	89%
Race	
White/Caucasian	78%
Black/African American	22%
How long have you been in your current position?	
1-2 years	67%
2-5 years	22%
6 or more years	11%
Total years employed in academic settings	
0-5 years	33.33%
5-10 years	33.33%
20+ years	33.33%



Success



# FACILITATORS TO ACADEMIC SUCCESS

---



# Accommodations

- Very common “first line” of support
- Students with MHC strongly benefit from concrete tools
- Blending accommodations with written support plans

**Not a clean, “one size fits all” approach**

*“Instructors like to have this nice orderly box of what an accommodation looks like and when it’s gonna take place. The hardest thing with this population is they may never need them but then, you know, they might need it infrequently, it might come at a very random time....”*



# Most Common Accommodations Offered

## 1. Testing Supports

## 2. Attendance

## 3. Tools Inside Classroom

## 4. Tools Outside Classroom



# BARRIERS TO PROVIDING SUPPORT

---



# Resource Shortages

- *“If my estimation is that the student just needs too much- too much coaching, too much hand-holding, too many meetings- then we’re just not set up to do that. We have too many 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”*



# Support: How Much is Too Much?

**Varied level of “hand holding” and fears of not appropriately preparing a student for the “real world”**

*“...but **what is that doing for the students?** You know, when you’re trying to build self-reliance. There are **some things that I will not do**....I have never found it necessary to go with a student to meet with a professor. I have talked to students’ professors, you know over the phone and in person, but I will not...”*

*“One of the benefits of \_\_\_\_\_ is they **do allow us through our staffing and our resources to actually have those extra meetings**....you know, we can go much more beyond some of those things.”*



# Discrimination

- *“Then it’s, how do you learn this new title? How do like you know, how do you wear this new label? What are people gonna think of you?”*
- *“They don’t come in, they don’t get treatment, they keep it a secret from their families. That group, they’re afraid for anyone else to know, you know? But that’s the group that probably needs the most support.”*



# Understanding Special Populations



## International Students

- *“They don’t come in until it’s way too late to do anything, and they have a lot of pressure to remain full-time because of their visas and it limits what we would ordinarily do.”*
- *“International students, the majority are coming from cultures that don’t accept that mental health is real, or they’ll be shunned in their community if they go home”*



# Coordination of Services

## Confidentiality/Liability

- *“I might need to call and say ‘Hey what’s going on with this kid’, and they might say ‘I can’t tell you,’ which legally makes sense but it’s hard, and that’s the same at every school”*

## Faculty Relationships

*“we try as best as possible to work with both sides to figure out how that information is going to be communicated and when it’s going to be communicated. It’s not foolproof, as you might imagine”*



# PEER COACHING FOR STUDENTS WITH MHC

---



# Attitudes towards Peer Coaching

- One Disability Services staff member was vocal about their opposition to peer coaching programs on campus

*“As good as it sounds, what winds up happening is the **mentor needs so much supervision and so much guidance** in terms of maintaining their role, keeping themselves healthy, managing the relationship, you know, **managing the expectations** of the relationship, that it’s almost **easier to just do it yourself**”*

- All other Disability Services staff members expressed optimism that academic peer coaching could work on campus, as long as key areas of consideration were addressed...
  - Social support, role models, advice, community integration



# Key Considerations - developing PASS model and supporting students overall

1. Extensive training
2. Defining and enforcing boundaries of peer coach role
3. Adequate, regular supervision of peer coaches
4. Figuring out disclosure/confidentiality issues in advance (social life on campus/HIPAA/FERPA)
5. Peer coach awareness of campus resources



# Desirable Peer Coach Qualities

- Non-judgmental, open-minded, informed
  - *“And that the student understands that ‘Well this is how I did it, but this isn’t necessarily the be all and end all...not be rigid about “This is the way to do it, this is how you take notes’, you know?”*
  - *“I think they need to **understand differences** and how those differences can be I wanna say managed, you know, to make productive students, productive citizens, you know. **We all have things and conditions or behaviors that we have to incorporate** so that we can have a healthy environment.”*



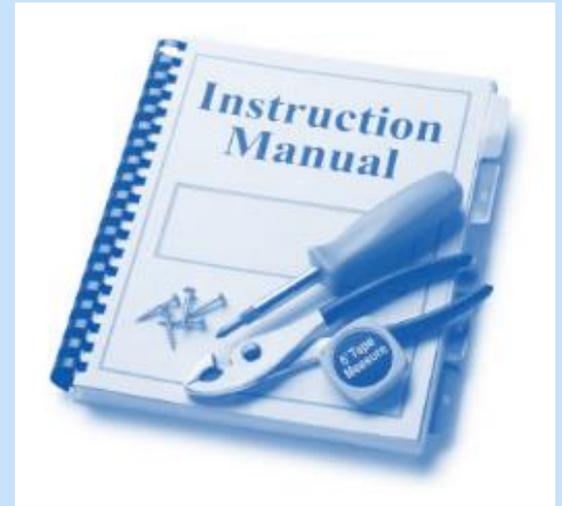
# Differences of Opinion: Role of Faculty

- *“Definitely involve faculty in the training as to know what they are looking for in peer mentors and the type of support they would like for them to provide their students”*
- *“...faculty are already are doing a billion and one things with their professors, so maybe their point of contact could be with TAs and the TAs can answer those questions or reach out to the professors to get the answers.”*



# NEXT STEPS: MANUAL DEVELOPMENT

---



# PASS Manual Components

- I. Overview of mental health conditions/mental health on campus
- II. Typical challenges experienced by college students with MHC
- III. Best practices for working with college students with MHC
- IV. PASS Program Overview
- V. Expectations of PASS (coaches, participants)
- VI. Process of Peer Coaching
- VII. Coaching Resources

## **Versions of PASS Manual**

1. Peer Coach Manual (main)
2. Supervisor Manual
3. Staff/faculty manual



# Takeaways

1. Peer Coach Capabilities
2. Communication across services
3. Individualized approach
  - Level of support

**What were your main takeaways?**



# THANK YOU!

---

Amanda.Costa@umassmed.edu,  
Laura.Golden@umassmed.edu  
Maryann.Davis@umassmed.edu



# References

- Wagner, M., Newman, L. (2012). Longitudinal transition outcomes of youth with emotional disturbances. *Psychiatric Rehabilitation Journal*, 35, (3), 199-208.
- 2. Davis, M., & Vander Stoep, A. (1997). The transition to adulthood for youth who have serious emotional disturbance: Developmental transition and young adult outcomes. *The Journal of Behavioral Health Services and Research*, 24, (4), 400-427.
- 3. Newman, L., Wagner, M., Knokey, A.-M., Marder, C., Nagle, K., Shaver, D., Wei, X., with Cameto, R., Contreras, E., Ferguson, K., Greene, S., and Swarting, M. (2011). *The Post-High School Outcomes of Young Adults with Disabilities up to 8 Years After High School. A Report From the National Longitudinal Transition Study-2 (NLTS2)* (NCSE 2011-3005). Menlo Park, CA: SRI International. Available at [www.nlts2.org/reports/](http://www.nlts2.org/reports/)
- 4. Salzer MS, Wick LC, & Rogers JA. (2008) Familiarity with and use of accommodations and supports among postsecondary students with mental illnesses. *Psychiatric Services*; 59(4):370-375.
- 5. American College Health Association. (2007). American college health association national college health assessment spring 2006 reference group data report (abridged). *Journal of American College Health*, 55(4), 195.

