

PEER COACHES PROMOTING ACADEMIC SUCCESS FOR COLLEGE STUDENTS (PASS)

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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>

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Who We Are

Learning & Working RRTC/ Transitions RTC

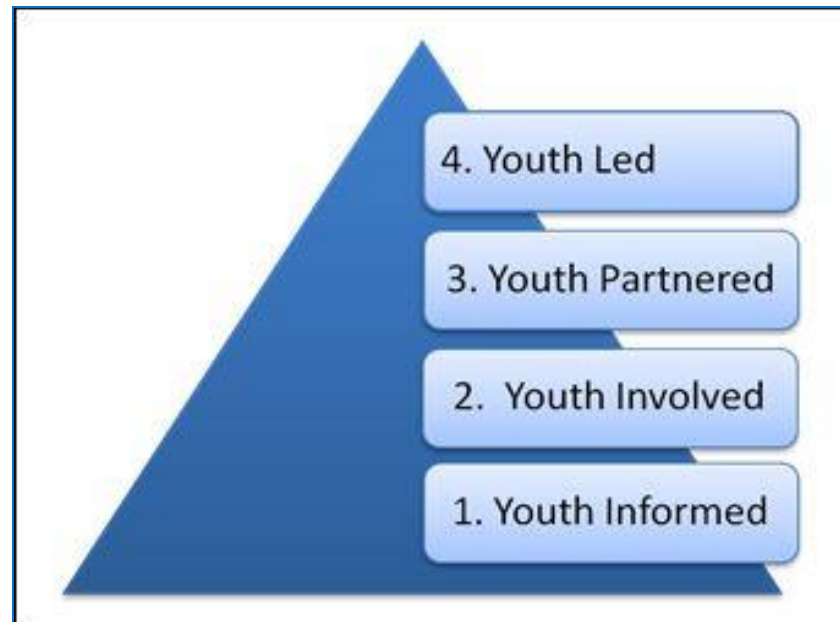
We aim to improve supports for the successful completion of schooling and movement into rewarding work lives among young people, ages 14-30, with serious mental health conditions.

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



Participatory Action Research (PAR)

“Participatory Action Research (PAR) is a process in which researchers and transition age youth (TAY) collaborate on a research project designed to improve mental health services. TAY are actively involved in all phases of the research from defining the problem to disseminating results”(Delman, J. 2011).



Presentation Objectives

Part 1: Summarize the barriers & facilitators that:

- College students with MHC experience pursuing their goals
- Disability and Counseling Center staff face in supporting college students with MHC

Part 2: Describe peer-to-peer academic coaching intervention designed to address these challenges

Part 3: Identify tools and resources to support the academic success of college students with mental health conditions through interactive discussion and resource sharing



WHY COLLEGE STUDENTS?



Mental Health in Higher Education

- College is a critical time of young adult development
- Academic goals represent just one aspect of student's personhood
- Positive mental health is strongly correlated to academic success, retention, and ultimately vocational success and adult resiliency & Return on Investment



Economic Value of College Degree

- Changes in the economy and labor market have **radically altered employment opportunities** for YA
 - Traditional manufacturing & “blue-collar” sectors of the economy have shrunk
 - Information and service sectors have grown
- “Rate of return” on additional education: each additional year of education = 9% increase in earnings on avg⁶
- High school diploma no longer a ticket to the middle class^{7,8}
 - GED has decreasing societal value



Mental Health Prevalence on Campus

- The American College Health Association 2006 survey reports that ⁵ (94,806 students from public and private universities across the country) within the past year:
 - 44 out of 100 - almost half - have felt so depressed it was difficult to function.
 - 8 out of a 100 reported having a depressive disorder.
 - 12 out of 100 had an anxiety disorder.
 - 9 out of 100 reported having seriously considered suicide within the past year. 1.3% actually did attempt suicide.



Mental Health Struggles on Campus

Student Challenges

- Academic Struggles
 - Low Attendance
 - High drop-out
- Excessive substance use
- Loneliness and isolation
- Interpersonal difficulties
- Risky sexual behaviors
- Regulating emotions
- Lack of self-care
- High suicide rates



(ACHA, 2013, Eisenberg & Lipson, 2014)

Administrative Challenges

- Increased demand for services
- Disparity between demand and resources
- Campus liability/risk
- Tension between the mission of universities and the business of universities has grown
 - person level, staff/faculty level, program level and system level

The Solution...

Overall GOAL of PASS:

Produce an empirically supported peer coach intervention to help students with MHC succeed academically



Overall Development and Research Methods

- **Phase 1 (Stakeholder Experiences)**
 - Interviews with; college students, faculty, ODS staff, 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



Phase 1 Qualitative Interview Methods

- **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)
- **Qualitative one hour interviews covered:**
 - Experiences working with or being YA students with MHC
 - Unique challenges and facilitators to academic success
 - Thoughts about peer coaching model



Recruitment of Office of Disability Staff (ODS) & Counseling Center Staff

- Traditionally:
 - Small staff- 2-4 team members for entire campus
 - ODS- Expertise with learning & physical disabilities
 - Counseling- Expertise with symptom management
- Directors of ODS/Counseling Center nominated staff
- Eligibility Criteria:
 - Current staff member in ODS/Counseling Center;
 - Have experiences providing services/supports to at least 2 students with MHC



Recruitment of Students

- Flyers were disseminated:
 - Posted around campus (dorms, etc)
 - Counseling/ODS Staff
 - Online Sources (research webpages, email lists, etc.)
- Eligibility Criteria:
 - 18-24 years
 - **traditional college student age- unique needs not recognized in typical supported education interventions**
 - Self-identified MHC
 - Current students at WSU, BU, UMB with 1 semester of schooling



Coding Interviews

- Developed preliminary themes
- Identified concrete codes
- Developed coding manual
- 3 staff coding with Dedoose
 - Primary and secondary coders
 - Interrater Reliability at 80% or higher



FINDINGS OF PHASE 1: ODS AND COUNSELING SERVICES STAFF



ODS And Counseling Staff Demographics

Demographic	ODS Staff (N=9)	Counseling Staff (N=8)
Gender		
Female	89%	87.5%
Race		
White/Caucasian	78%	87.5%
Bi-Racial	22%	12.5%
How long have you been in your current position?		
0.5-2 years	67%	37.5%
2-5 years	22%	37.5
6 or more years	11%	25%
Total years employed in academic settings		
0-5 years	33.33%	50%
5-10 years	33.33%	25%
20+ years	33.33%	25%



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....”- ODS Staff



Most Common Accommodations Offered

Testing Supports

- Breaks
- Extended Time on tests

Attendance Accommodations

- Classroom Break
- Flexible Attendance

Outside the Classroom

- Time Management Skills
- Therapeutic Animals

Inside the Classroom

- Audio Recording
- Note Taking



Barrier: Resource Shortages

- *“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*



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...”- ODS Staff*



Discrimination

Student Identity and Entitlement

“...clients don’t really feel entitled to the accommodations that they are entitled to....with mental health...people struggle with a disability identity...there is a pervasive sense that, well, mental health isn’t really a disability, you just need to snap out of it...”- Counseling Staff

Fear of Disclosure

“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.”

– ODS Staff



Coordination Between 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”- ODS Staff*

Role Confusion

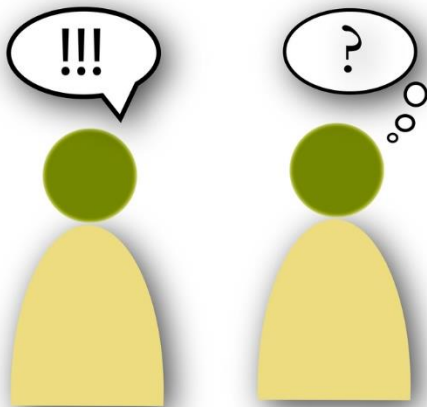
- *“I think faculty have a lot of anxiety about what is my role? They aren’t therapists, but want to be helpful and struggle with how to respond”- Counseling Staff*



Strained Relationships

Frustration with Campus MH Services and their function

“Professors often get upset with us because they want us to reach out to students and manage the problems for them, but due to confidentiality, and that we only do voluntary treatment, we don’t reach out to students”- Counseling Staff



FINDINGS OF PHASE 1: INTERVIEWS WITH COLLEGE STUDENTS



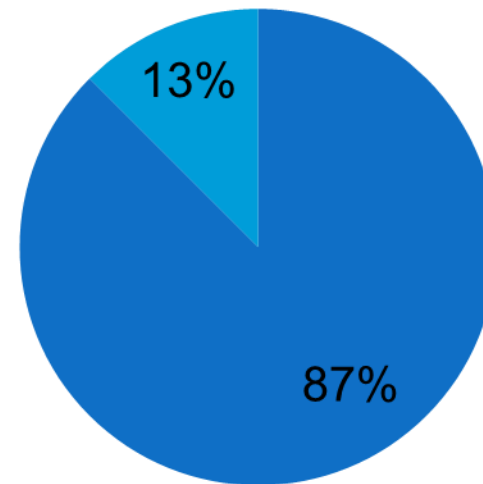
Student Mental Health Demographics

(N=24)

Are you currently receiving outpatient therapy from any of the following (check all that apply)?

Psychiatrist	20.8%
Therapist/Counselor	50.0%
Other Provider	4.2%
None	25.0%

Received Outpatient Mental Health Services



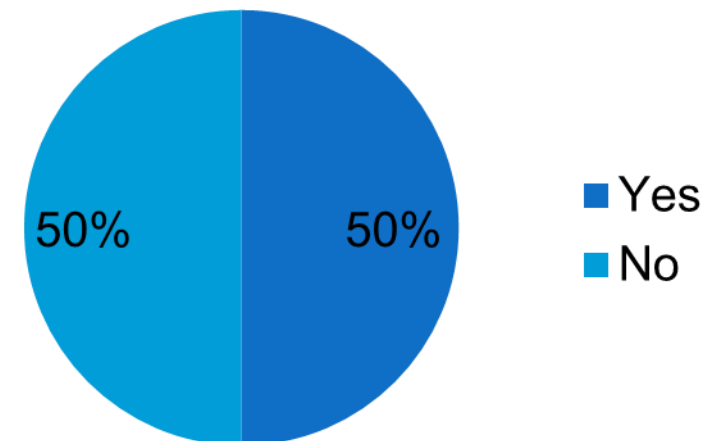
- Received Outpatient Mental Health Services
- Never Received Outpatient Mental Health Services



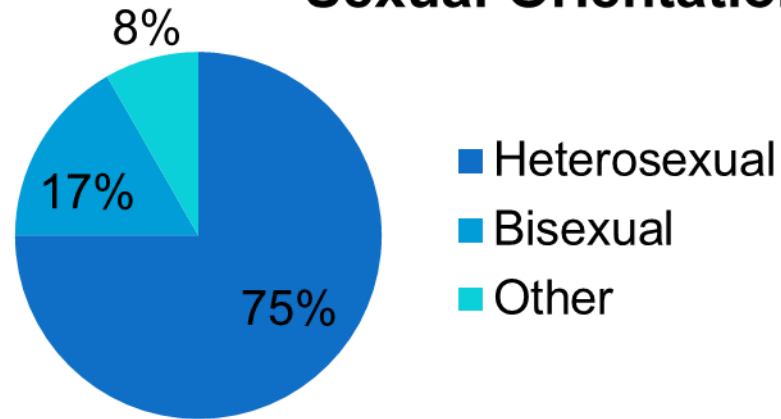
What diagnosis do you feel you have currently (if any)?

Generalized Anxiety Disorder	58.3%
Depressive Disorders	50%
Eating Disorder	29.2%
ADHD	20.8%
Post-Traumatic Stress Disorder	16.7%
Obsessive-Compulsive Disorder	12.5%
Panic Disorder	4.2%
Bipolar Disorder	4.2%

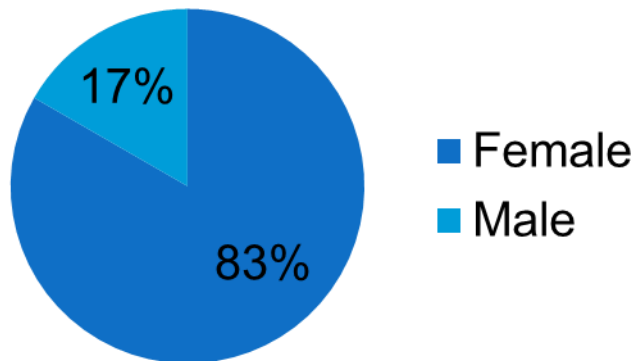
Currently Prescribed Psychiatric Medications



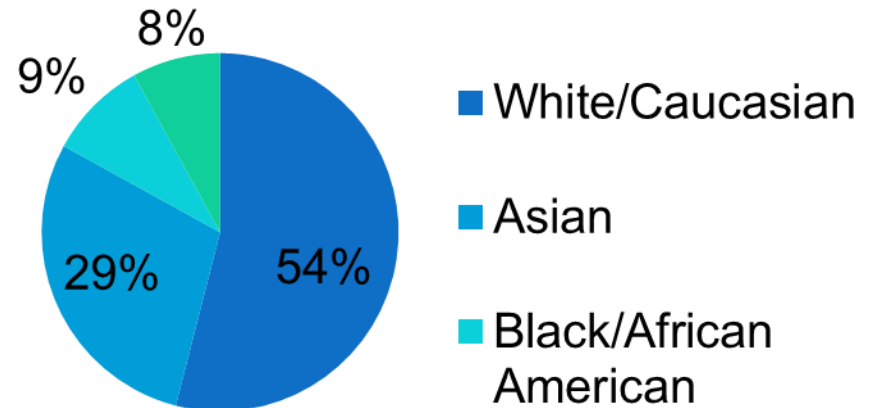
Sexual Orientation



Gender

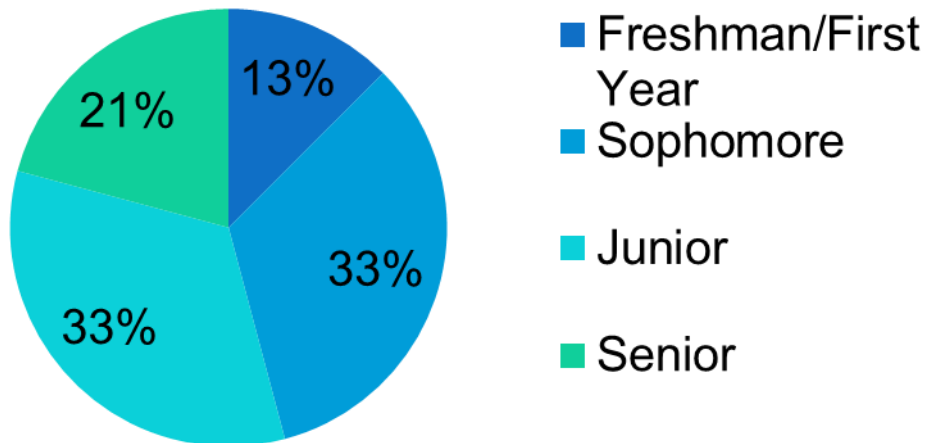


Race

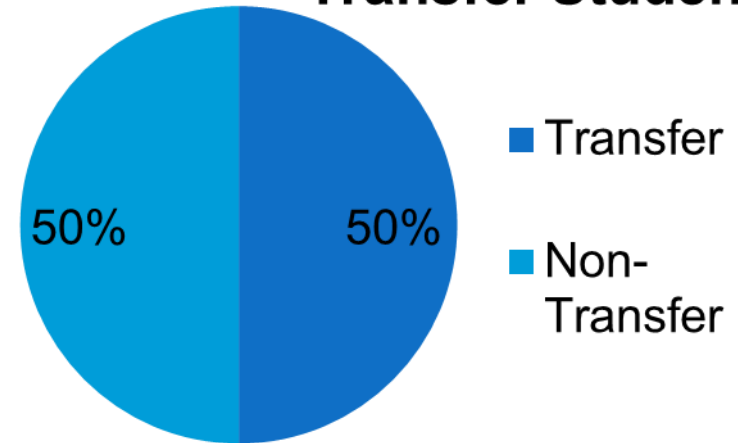


Ethnicity: 12.5% Hispanic/Latino, 87.5% Non-Hispanic/Latino

Class Standing



Transfer Students



Mental Health- Impact on Academics

- Dropping classes/Withdrawals
- Excessive Absences
- Discomfort interacting with professors
- Struggle adjusting to various classroom formats
- Testing anxiety



“...he has like really high standards...and that’s like too much pressure which also worsens my anxiety, so there were times where I didn’t do the assignments...every Friday we have graded performances. I’ve skipped out on some because I was just afraid, and I’ve sat in my seat during classes...and I was shaking like a leaf and I felt like my heart was like just gonna go through my chest...”



Mental Health – Impact on Academics

Depression- Often mistaken for “Laziness” or “Disinterest”

“I feel like it’s kind of hard to pick myself up to do some things that class require, like my art class recently they went to the art museum and I just like was not into it...So I was just like ‘I don’t want to go there.’ ...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.’”



Accessing Mental Health Supports

- MH services cannot meet demand
 - Chronic under-staffing
 - Long waitlists
- Referrals to off campus providers for long-term care



“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”



Accessing Academic Accommodations

- Informal accommodations **much more** common than formal
 - Different approaches: sharing or hinting at diagnosis
 - Mixed reactions from faculty – lack of knowledge, discrimination
 - Scary process – worried faculty thought they were making excuses, do not feel entitled to accommodations

“I didn’t reveal too many details, (I) just said that I was having, like, mental and emotional obstacles...and I requested, like, a lengthening on a due date or something...the professors who allowed it, would ask for a note from behavioral health, but they don’t do that, so behavioral health just had me take a business card to the professor.”



Lack of Support from Professors

- Students often go to professors for help
- Professors are frequently:
 - over-worked and not accessible
 - lack understanding of MHCs
- As a result, faculty don't always have the tools or time to invest in students with MHC



*“I was like crying in his office...he just like **didn't get where I was coming** from because I was like very conscientious like most other times, and then he was like ‘Well you can **write a paper explaining what you did badly so you can do it better next time**’, like so...”*



Key Considerations - Developing PASS model

ODS/Counseling Staff Considerations

1. Awareness of campus resources
2. Bridging the gap/better communication
3. Setting Boundaries
4. Disclosure & confidentiality

Student Considerations

1. Social integration on campus
2. Communication/self-advocacy with faculty
3. Stress management skill-building
4. Accessing academic and mental health supports on campus



PART 2: INTERVENTION DEVELOPMENT



Guides for PASS Manual Content

- The PASS academic peer coaching model will be 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



Raiders on the Autism Spectrum Excelling (RASE) Model:

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

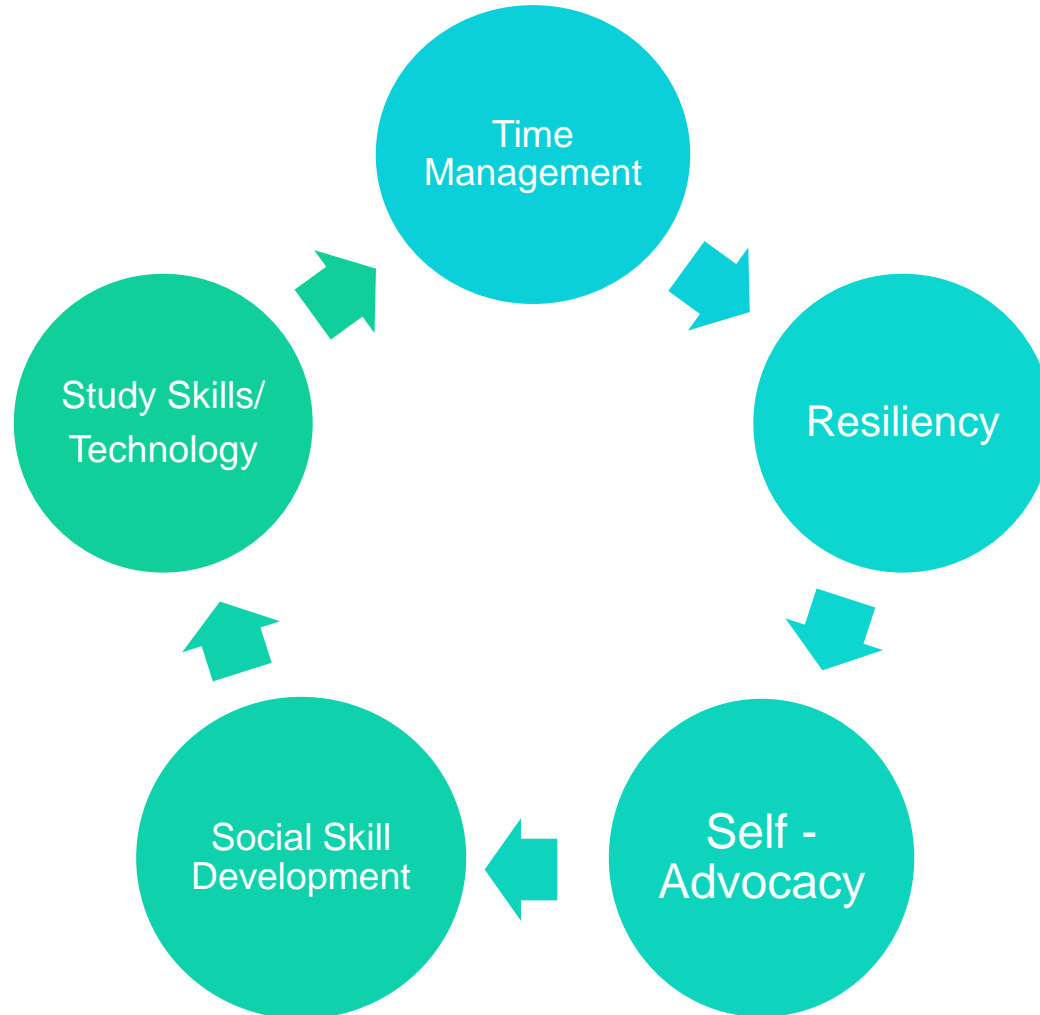
- 2006 -Fewer than 30 Students
- 2016 - Approximately 110 Students*

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



RASE Coaching Program: 5 Key Competency Areas



RASE Coaching Program

Eligible Students:

- Documented diagnosis: Autism Spectrum Disorder
- New incoming students
- Identified need in one or more of the five RASE competency areas

Coaches:

- Upperclassman/Grad Students, 3.0+ GPA
- Two day rigorous coaching training



RASE Coaching Program: Implementation & Outcomes

- Enrollment for one full academic year
- Frequent meetings between students and coaches
 - Up to 5 hours per week
 - Interactive rapport and consistent opportunities for hands-on learning
- Meetings among coaches & RASE supervisor

Outcomes:

- GPA improvements
- Decrease in behavioral violations
- Increased retention rates
- High rates of satisfaction (mentees & coaches)



Boston University Collegiate MH Coaching

- 17 years of providing highly individualized coaching to help college undergraduates and graduate students living with mental health challenges thrive and succeed.
 - Role = Goal
 - Critical skills and supports
 - Highly flexible and mobile



- At the elbow coaching
- Do what it takes:
 - Wake up calls
 - Assist 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
 - Connect with other peers & student groups (Active Minds)

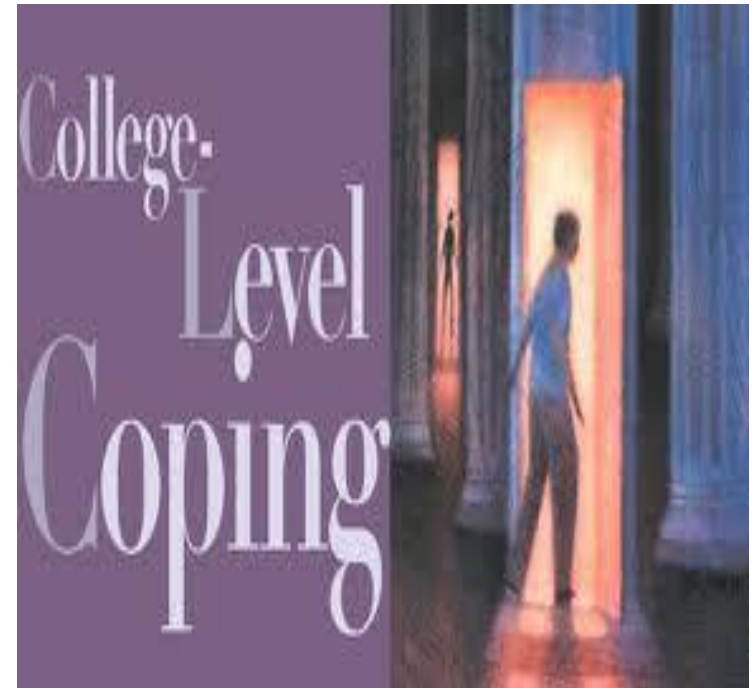
Modifying the RASE Model

- Adapt for students living with MHC
- New topics include:
 - MH on campus
 - Peer support and peer mentoring
 - Education about MH conditions
 - Typical challenges for students with MHC
 - Academic
 - Residential
 - Social
 - Wellness
 - 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

- Structure
- Technology
- Advocacy
- Campus Culture
- Commitment

Modified to STEAR

- Structure
- Technology
- Emootional Agility
- Advocacy
- Resiliency (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 or group supervision



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
 - 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

- Planned 2 days of in person training
 - Information/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.



Team Awesome- Thank You!

Principal Investigators:

- Maryann Davis
- Amanda Costa

Co-Investigators:

- Dori Hutchinson
- Mary Huber

Team Lead:

- Laura Golden

Interviewers:

- Mathis Bauchner
- Andrew Voss
- Tracy Reed

Qualitative Analysis Gurus

- Tracy Reed, UMass Boston
- Emma Pici-D'Ottavio, UMass Medical
- Anwyn Gatesy-Davis, UMass Medical
- Raphael Mizrahi, UMass Medical

Intervention Gurus

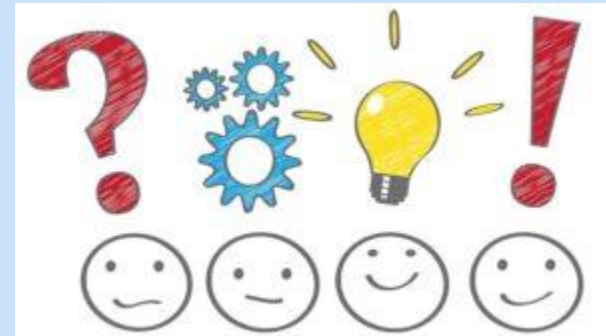
- Heather Rando, Wright State University
- Paul Cherchia, Boston University

General Gurus

- Kathryn Sabella, UMass Medical
- Transitions RTC Lab Research Team



QUESTIONS?!



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