PEER COACHES PROMOTING ACADEMIC SUCCESS FOR COLLEGE STUDENTS

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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:

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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

1. Summarize the barriers and facilitators Disability Services staff face in their efforts to support college students with MHC pursuing their academic goals

2. Discuss what Disability Services staff members feel are key characteristics of campus programming in order to properly support college students with MHC

3. Outline how feedback from Disability Services staff will be incorporated into the PASS academic peer coaching model

WHY COLLEGE STUDENTS?

The Problem

- College attendance rates among student samples with MHC range from 7% – 26% compared to 40% for the general population.[1,2]

- Students with mental health conditions who attend college experience longer delays in entering college[3] and have high dropout rates – one of the highest of any disability group.[4]

The Problem (cont'd)

- 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.

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

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

Research Methods in Education and Education Technology
By: Prof. Lili Saghafi
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PASS STUDY METHODOLOGY

Brief Methods:

- **Phase 1 (Stakeholder Experiences)**
  - Qualitative 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
  - Specify peer coach and supervisor manuals
- **Phase 3 (Pilot Feasibility Trial)**
  - Open trial (N=10) of the PASS approach, at Boston University
  - Assess feasibility
  - Revise manuals as needed
- **Phase 4 (Pilot Randomized Control Trial (N=50))**
  - PASS vs Services as Usual
    - Outcomes=grades, enrollment vs leave/dropout, satisfaction

PHASE 1: QUALITATIVE INTERVIEWS

Research Recruitment

Participating sites:

1. Boston University
2. UMass Boston
3. Wright State University

Participants:

- College Students (N=25)
- College Faculty (N=21)
- Counseling Center Staff (N=9)
- Disability Center Staff (N=9)

Disability Services on Campus

- Guide students with disabilities in development of:
  - Service plan
  - Accommodations
- Typically 2-4 staff for entire campus
- Typically more experience with learning & physical disabilities

Recruitment of Disability Services Staff

- Directors of Disability Services nominated staff from their offices

- Eligibility Criteria:
  - Current staff member in Office of Disability Services;
  - Have experiences providing services and supports to students with MHC through the Office of Disability Services

Research Methods

Qualitative one hour interviews:

- Experiences of working with young adult students with MHC

- Unique challenges to academic success they face

- Facilitators to their academic success

- PASS model

Example Interview 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 (like mental health services, student services/administration, etc.)? How did that go?"

- "What are the areas of support that peer coaches should work on with students with mental health conditions in order to support their academic success? (time management, resiliency/stress-coping abilities, self-efficacy, self-determination, 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)	
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%

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…."

Individualized Approach

- *"Our Student Plan form is a form that we have that students can proactively think about, you know, when they're gonna miss class or need an assignment extension based off of their diagnosis, you know, and how can they proactively work with the professor? So instead of waiting for an episode to happen, we have this plan well in advance so if something happens, 'I know how to appropriately reach out to my professor', and we have this agreement as how we will move forward."*
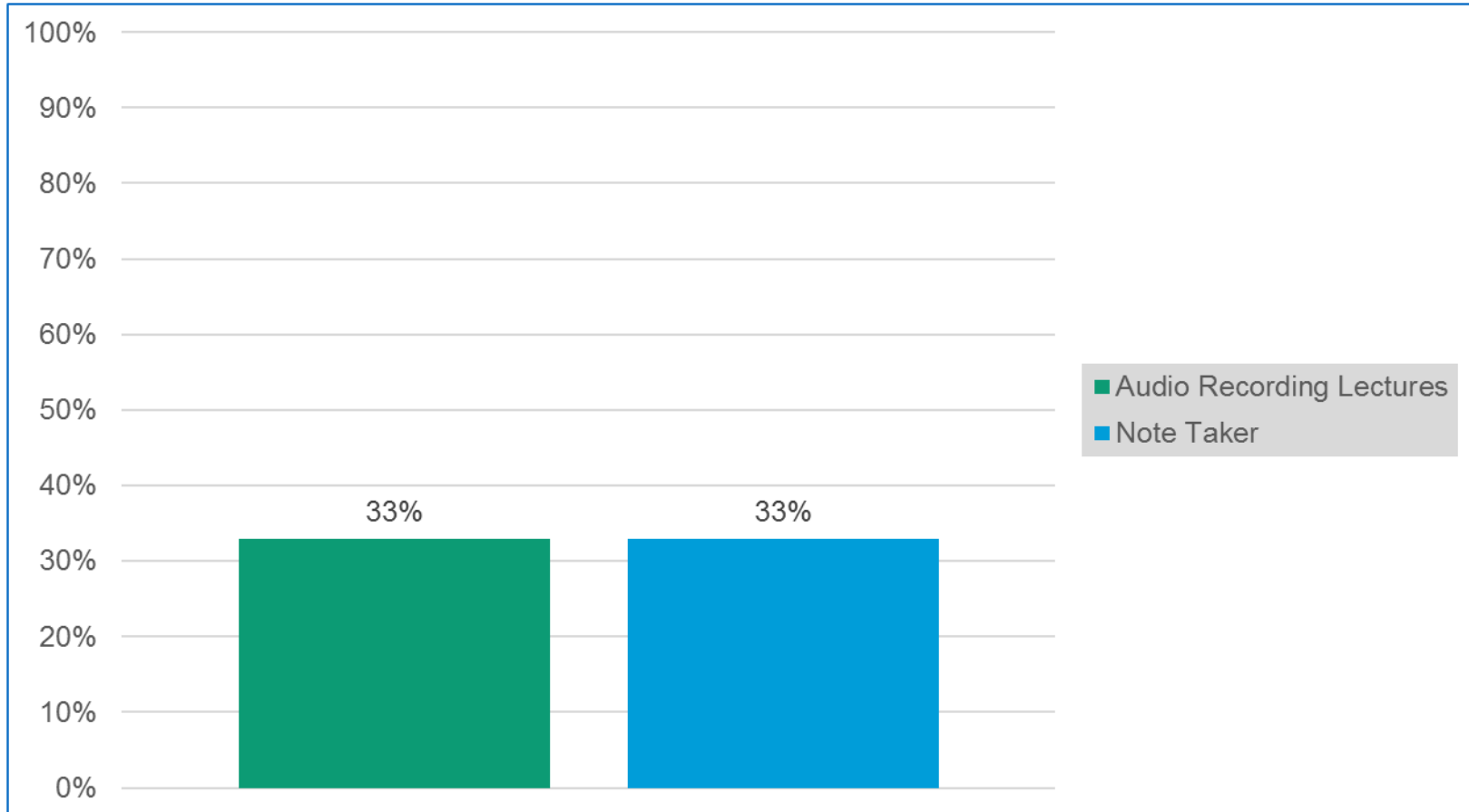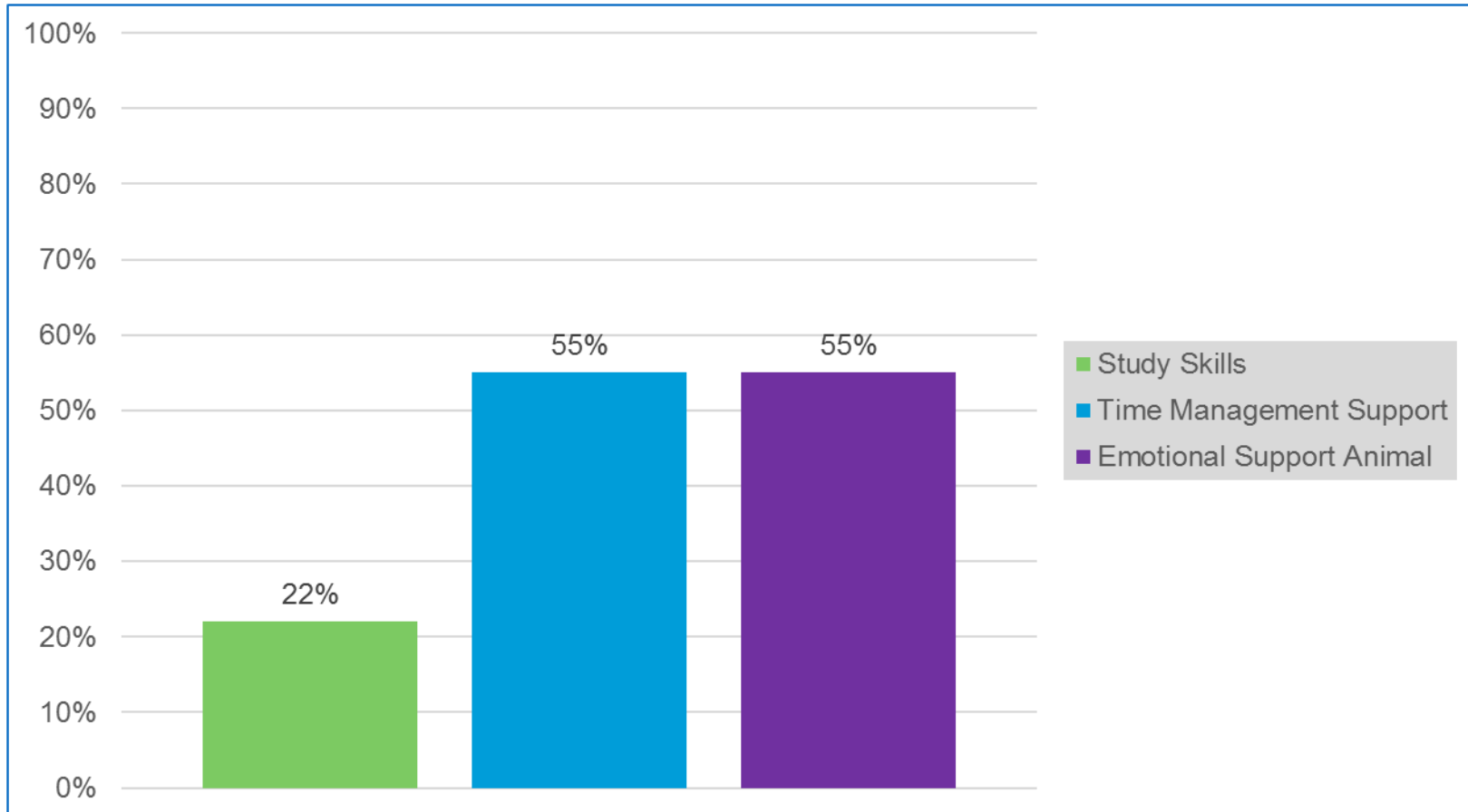
Testing Supports (N=9)
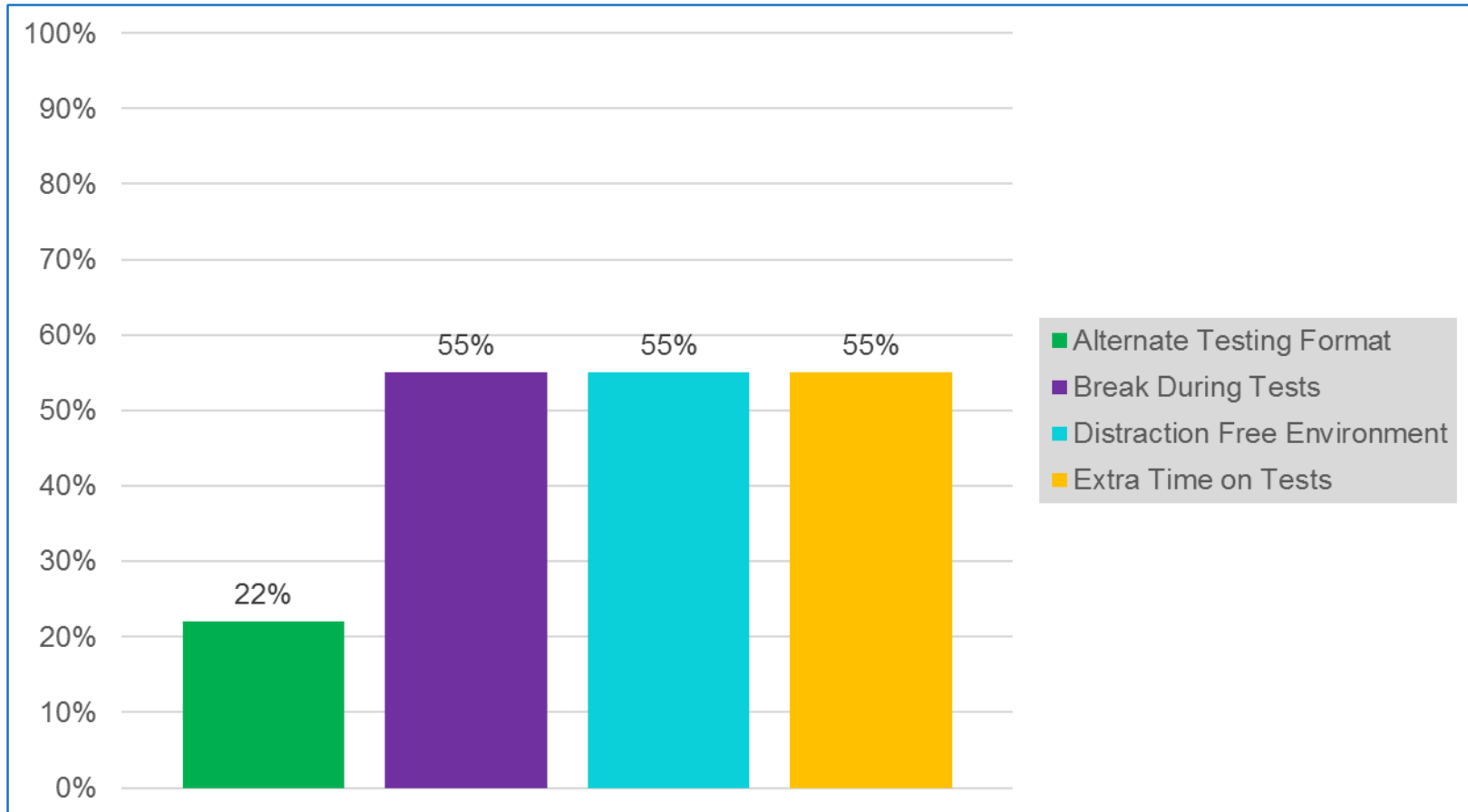
Attendance Accommodations (N=9)
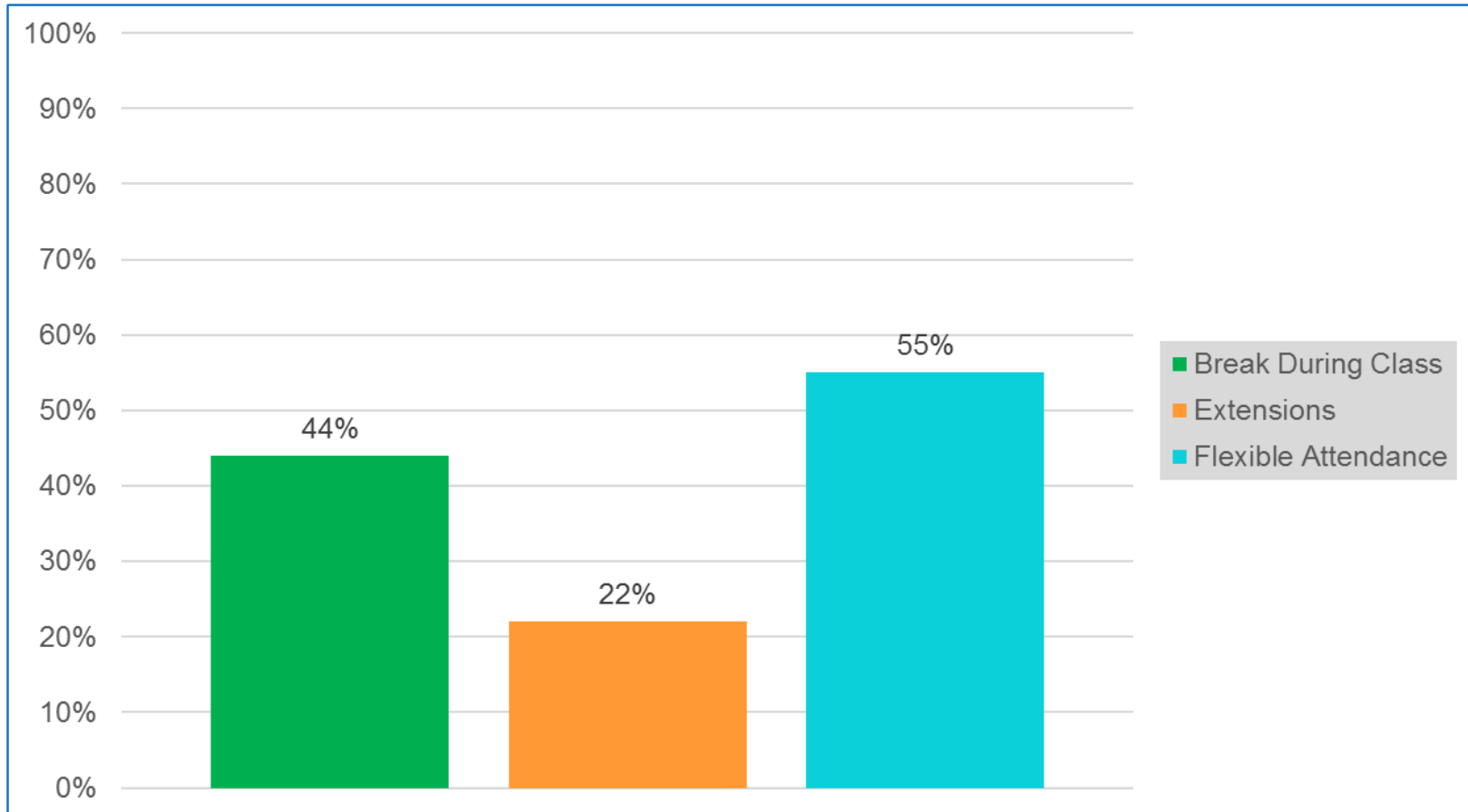
Tools Inside the Classroom (N=9)

Support Outside The Classroom (N=9)

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"*

Understanding Special Populations (cont'd)

Veterans– Require a Tailored Approach

- *"We ask students to come and meet with us maybe, you know, depending on their needs once a week, twice a month. Veterans, they don't do that, you know? And I understand that. You know 'I just wanna come here and take my exam, I don't need to meet with you and talk about anything. If there's any issues, I'll e-mail you, okay?' Meet them where they are, that's fine. The important thing is that you utilize our services, you know, and that you do well."*

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. <u>Extensive training</u>

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

1. Extensive Training

- *"I think they need to be like really scrutinized. And understand the role that they are stepping into and understand the importance that, you know, they do this the right way, that they understand the role, they understand how they're supposed to be interacting with students. I mean so however many hours of training – 8, 10, 12, I don't know – lots of training, role-playing scenarios"*

2. Defining and Enforcing Boundaries of Peer Coach Role

- *"And then of course the cons is if boundaries are crossed. Well-meaning…I mean nothing inappropriate, you know, but just well-meaning…where they go beyond what is required."*

- *"Well again…letting the coaches be fully aware of what their role is and again, I'd like to go back to clarity and even so much as saying, you know, 'This you shall not do,' you know?"*

- Peer coaches will **not** be expected to manage crises**

3. Adequate, regular supervision of peer coaches

- *"…whoever is guiding the program, I would expect for these coaches to meet with the lead person I'm going to say once a week minimally. Feedback, follow-up…"*

4. Figuring out disclosure/confidentiality issues in advance (cont'd)

- A Disability Services staff member stressed the need for peer coaches to not hold conversations with students in public about their work together.

- *"…We have FERPA, we have HIPAA; we're dealing with two laws. So you wanna make sure students know…it's not just like a social thing. You know, you're dealing with a lot of confidentiality issues."*

5. Peer coach awareness of campus resources

- *"I mean it would be nice for like the peer advisors to know our office and to know what we do and like how the process is…I think just again, the awareness of the different offices and how to utilize the resources…"*

- *"If the student starts to talk about "Well okay, but now I need extra time for my exams.' Does the mentor know the appropriate channels for referring students?"*

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."*

Desirable Peer Coach Qualities: lived experience with MHC

- There was mixed feedback in regards to whether shared lived experience with a MHC should be a preferred qualification
  - Most felt no preference or supported having lived experience

- One comment in support:
  - *"…it would be wonderful if it were students who have disabilities coaching students who have disabilities because I think that that knowledge that. 'Oh, you also have bipolar disorder and you're kicking butt? That's awesome.' You know, I haven't seen that role model for myself before and that's so helpful to see…"*

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
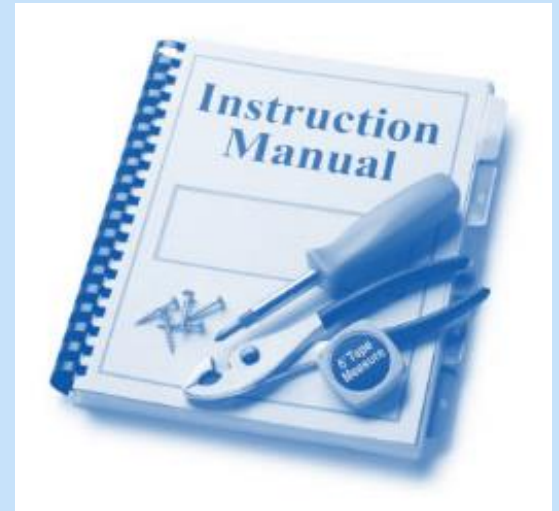
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PASS Manual Components

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!

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