



ENHANCING ACADEMIC PERFORMANCE OF STUDENTS WITH MENTAL HEALTH CONDITIONS

AHEAD 2018
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July 17, 2018

Michelle G. Mullen, MS, CRC, CPRP,
University of Massachusetts & The Jed Foundation
Brittany Stone, MS, CRC, CPRP, Rutgers University
Amy Banko, MS, CPRP, Rutgers University



The Transitions to Adulthood Center for Research

Acknowledgements



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 say, 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 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



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



Baseline Characteristics

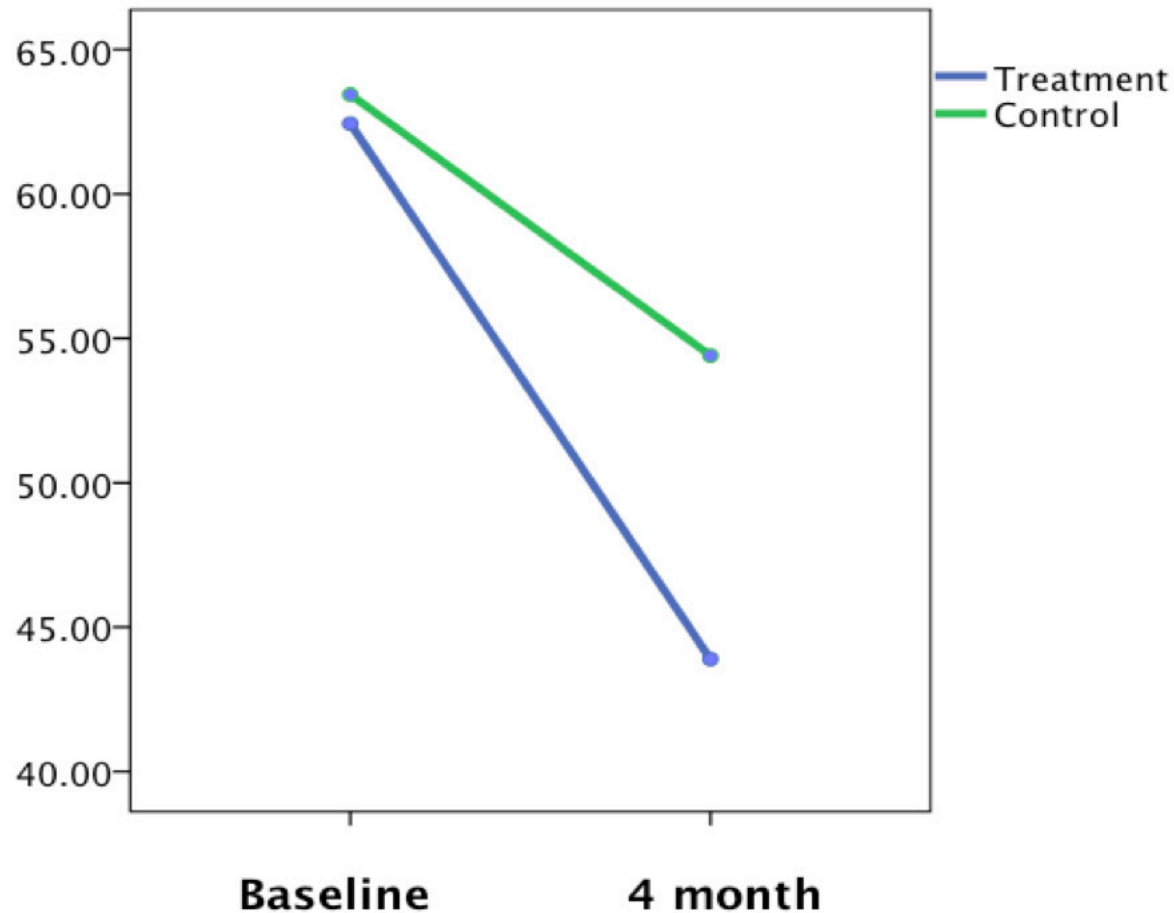


Characteristic	FAST treatment (n=38)	Control (n=34)
Diagnostic status, n (%)	27 (71%) mood disorder 21 (55%) anxiety disorder 5 (13%) psychotic disorder	25 (74%) mood disorder 16 (47%) anxiety disorder 5 (15%) psychotic disorder
Age first diagnosed, mean (SD)	21.16 (7.25)	20.12 (7.92)
Psychotropic medication status, n (%)	14 (37%) none 17 (45%) antidepressant 8 (21%) anxiolytic 4 (11%) mood stabilizer 3 (8%) psychostimulant 7 (18%) antipsychotic 7 (18%) other	10 (29%) none 18 (53%) antidepressant 4 (12%) anxiolytic 4 (12%) mood stabilizer 3 (9%) psychostimulant 5 (15%) antipsychotic 3 (9%) other
Ever hospitalized for psychiatric reasons, n (%)	12 (32%) yes	13 (38%) yes



Group Comparisons: Self-Reported Educational Difficulties

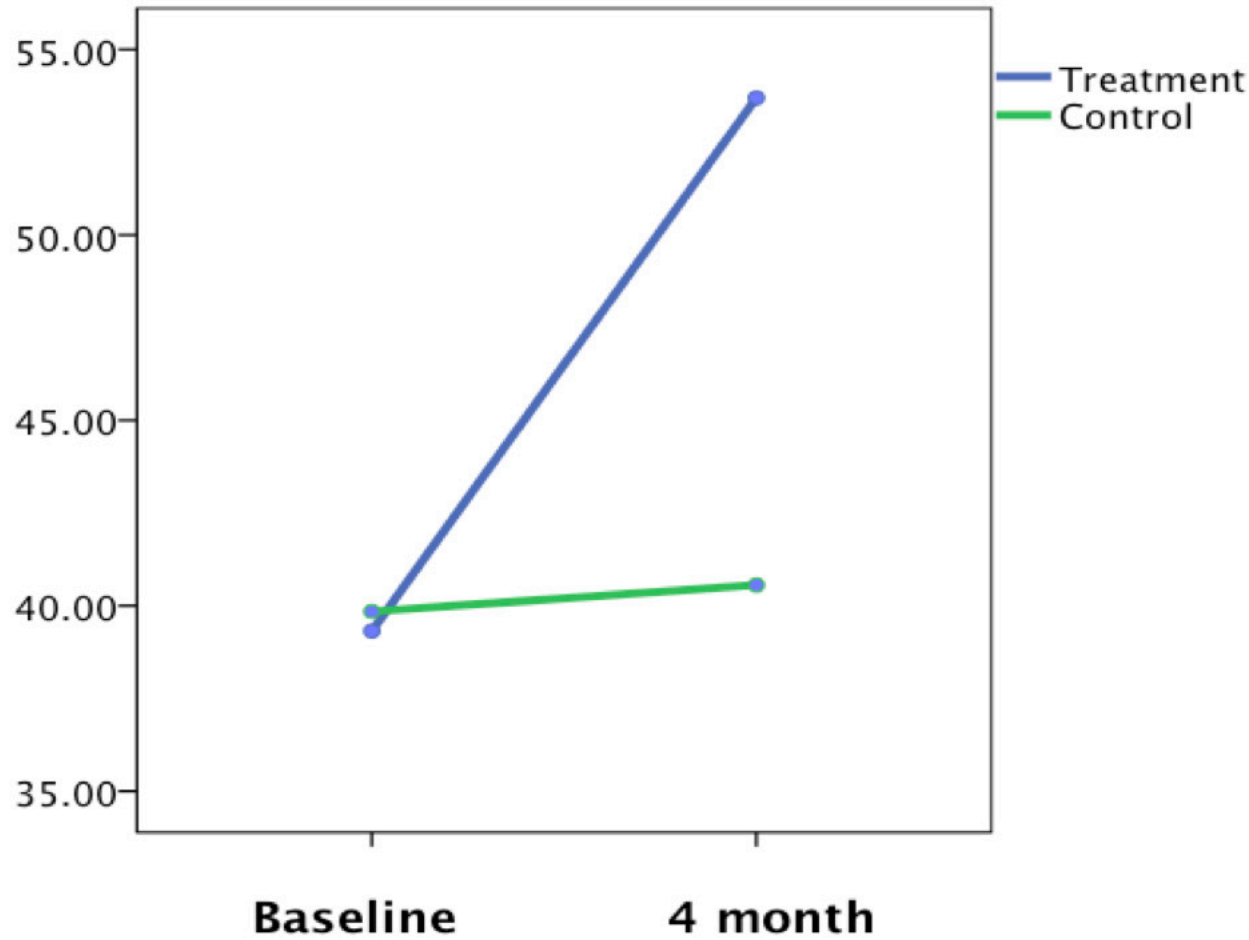
Educational Barriers Questionnaire, M. Mullen



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Group Comparisons: Self-Reported Cognitive Strategy Use

Cognitive Problems & Strategies Assessment, E. Twamley



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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



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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

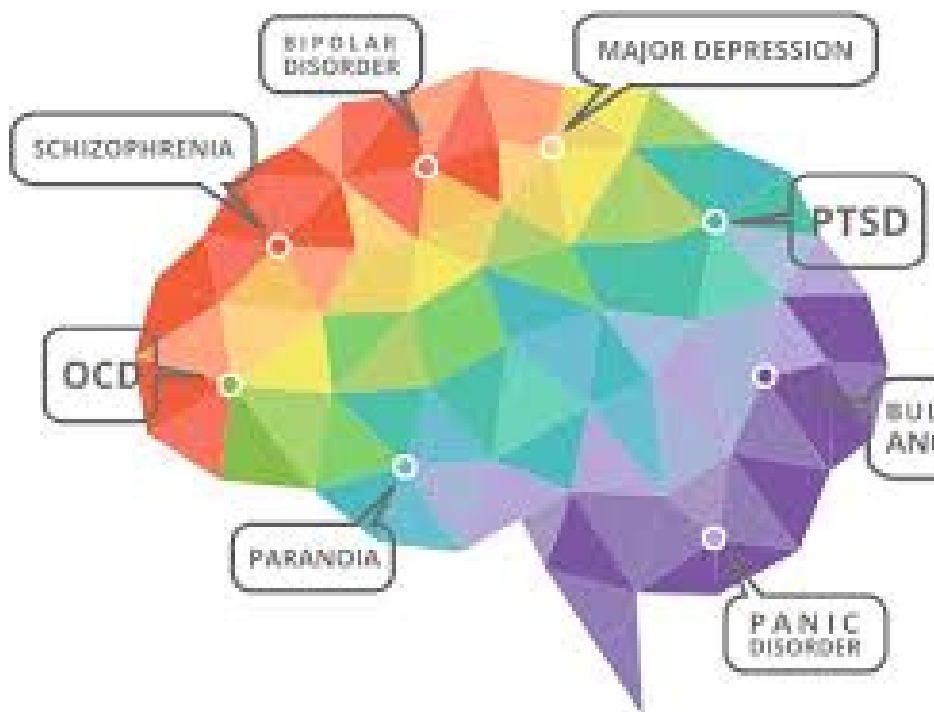
- In groups, you will be provided a laminated card with one symptom listed on it
- Each group will then be provided a list of mental health conditions
- Match the symptom to the conditions
 - In your group discuss if the symptom is associated with each of the conditions listed





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Common Mental Health Conditions



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Schizophrenia



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

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of mental disorders (5th ed.)



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)

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)



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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

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)



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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)

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)



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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)

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)



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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

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)



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MENTAL HEALTH CONDITION	SYMPTOMS	ACADEMIC IMPLICATION	POSSIBLE ACCOMMODATION	ACADEMIC RESOURCES OR SUPPORTS	SKILL DEVELOPMENT AREAS
<i>Bipolar D/O w psychotic features</i>	Internal stimuli				
	Lack of awareness				
	Tangential thinking				
	Memory deficits (EF)				





Mental Health Conditions & Symptoms: Fixed or Variable?





Mental health spectrum



<p>Stage 1</p> <p>Mild Symptoms and Warning Signs</p>	<p>At Stage 1, 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.”</p>
<p>Stage 2</p> <p>Symptoms Increase in Frequency and Severity and Interfere with Life Activities and Roles</p>	<p>At Stage 2, 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.</p>
<p>Stage 3</p> <p>Symptoms Worsen with Relapsing and Recurring Episodes Accompanied by Serious Disruption in Life Activities and Roles</p>	<p>At Stage 3, 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.</p>
<p>Stage 4</p> <p>Symptoms are Persistent and Severe and Have Jeopardized One's Life</p>	<p>By Stage 4, 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.</p> <p>Mental Health America B4 Stage 4 http://www.mentalhealthamerica.net/b4stage4-changing-way-we-think-about-mental-health</p>

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



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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



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SOME TERMINOLOGY

Refer to your handout



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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



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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?



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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



MENTAL HEALTH CONDITION	SYMPTOMS	ACADEMIC IMPLICATION	POSSIBLE ACCOMMODATION	ACADEMIC RESOURCES OR SUPPORTS	SKILL DEVELOPMENT AREAS
BIPOLAR D/O W psychotic features	Internal stimuli	Impaired concentration when studying			
		Difficulty focusing in lectures			
		Trouble with test taking			
	Lack of awareness	Talking out of turn			
		Interrupting professor			
		Strong emotional reactions within the classroom			
	Tangential thinking	Difficulty communicating ideas clearly			
		Trouble with structuring written assignments			
	Memory deficits (EF)	Committing what is read or seen to memory			
		Trouble remembering appointments/due dates			
		Difficulty recalling steps in a task			
		Loss of academic materials			





NOW UPDATE YOUR WORKSHEET



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LUNCH BREAK!!

Be back in an hour and a half...



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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?



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SKILLS AND RESOURCES



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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 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...



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Remember...



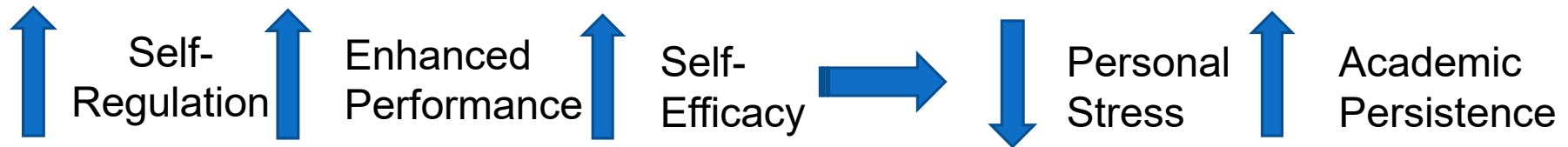
- College students with psychiatric conditions struggle to *persist*, not necessarily with performance
 - GPA may be a transient issue or content-specific
 - May have history of incompletes or sudden termination of classes
- It the personal amount of effort required to *manage* multiple competing demands 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 😊



July 2-8

2018

WEEK 27

JUNE						
S	M	T	W	T	F	S
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JULY						
S	M	T	W	T	F	S
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29	30	31				

AUGUST						
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SEPTEMBER						
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OCTOBER						
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23	24	25	26	27	28	29
30	31					

July 2-8

JUL

Monday, Jul. 2

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Tuesday, Jul. 3

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Wednesday, Jul. 4

Independence Day

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QuickNotes®

Thursday, Jul. 5

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Friday, Jul. 6

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Saturday, Jul. 7

188/177

Sunday, Jul. 8

189/176

ATA-GLANCE®



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	Sun 8	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13	Sat 14
GMT-04							
10am							
11am							
12pm							
1pm							
2pm							
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4pm							
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7pm							
8pm							
9pm							
10pm							



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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 19th meeting
- ~~□ set up data mining meetings PAUL~~
- review practitioner guide from NIK
- set up publication *any*
- STA metrics - ALYSON: PAUL
how likely are you to ask a friend "how are you" "you ok?"
- ~~□ call old school~~
- email V, N & send to Phil next week
- recommendation slide
- AHEAD:
- calendaring: set shifting now
- introduction ~~to~~ section
- get McGahay 2016 - diploma
- email NHAES Anhest
- set up a meeting w/ Lee, Paul (K?)
about progress: 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...



Sun 8	Mon 9 Michelle at UMASS	Tue 10 Michelle at UMASS	Wed 11	Thu 12	Fri 13 UMASS payday	Sat 14 Kellie Bradys Bday
	UMASS Grant meeting 9 - 10am		Abbreviated PMS weekly m 9:30 - 10:30am	MAB 9-11 A prep 9 - 11am	WW 9 - 10am	Aqua Tabata 8:30 - 9:30am
		HYPE Site Review Feedback 10 - 11am			Marsha 10 - 11am	
	SPARC Contract Meeting 11am - 12:30pm	Bi-Weekly Program Team I 11am, +1 (877) 746-4263;	John:Michelle 11 - 11:45am		Pau, 11am	
		DRRP Confe 12pm, https:	HOLD Lunch with Phil 12 - 2pm	JED Campus Color Convo 12pm, 1 (877) 746-4263 Pa	Michelle Pau Katie: check 11:30am - 12:30pm	
		HOLD HYPE Site Review Feedback PA 1 - 3pm				
				Kandace 2 - 3pm	Silton School 2 - 3pm	
					Judy 3:15 - 4:15pm	
				Interval Training 4:30 - 5:30pm	Body pump 4:30 - 5:30pm	



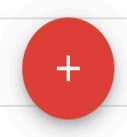
What goes in the calendar: Step 2



- 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



	Sun 8	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13	Sat 14
GMT-04		Michelle at UMASS				UMASS payday	Kellie Bradys Bday
8am							
9am		UMASS Grant meeting 9 - 10am		Abbreviated PMS weekly r 9:30 - 10:30am	MAB 9-11 A prep 9 - 11am	WW 9 - 10am	Aqua Tabata 8:30 - 9:30am
10am			HYPE Site Review Feedback 10 - 11am			Marsha 10 - 11am	
11am		SPARC Contract Meeting 11am - 12:30pm	Bi-Weekly Program Team I 11am, +1 (877) 746-4263;	John:Michelle 11 - 11:45am		Pau, 11am	
12pm			DRRP Confe 12pm, https:	HOLD Lunch with Phil 12 - 2pm	JED Campus Color Convo 12pm, 1 (877) 746-4263 Pa	Michelle Pau Katie: check 11:30am - 12:30pm	
1pm		Supervision 1 - 3pm	HOLD HYPE Site Review F 1 - 2pm			Make recordings 12:30 - 1:30pm	
2pm			Develop AHEAD ppt 2 - 4pm	Complete IF review 2 - 3:30pm	Kandace 2 - 3pm	Silton School 2 - 3pm	
3pm						Judy 3:15 - 4:15pm	
4pm		Write IES design 4 - 7pm			Interval Training 4:30 - 5:30pm	Body pump 4:30 - 5:30pm	
5pm			Write Intro to IES grant 5:30 - 8pm	Momma and Son Sushi & Movie 5:30 - 8pm			
6pm					Revise Preventing Disability Manuscript 6 - 8pm		
7pm		Drive to Long Island 7 - 8pm					
8pm							



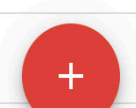
What goes in the calendar: Step 3



- 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 26minutes)
- 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



	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13	Sat 14
	Michelle at UMASS				UMASS payday	Kellie Bradys Bday
	Check and Respond to Em 8 - 9am	Check and Respond to Email 8 - 9:30am	Check and Respond to Em 8 - 9am	Check and Respond to Em 8 - 9am	Check and Respond to Em 8 - 9am	Aqua Tabata 8:30 - 9:30am
	UMASS Grant meeting 9 - 10am		Abbreviated PMS weekly r 9:30 - 10:30am	MAB 9-11 A prep 9 - 11am	WW 9 - 10am	
		HYPE Site Review Feedback 10 - 11am			Marsha 10 - 11am	
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	Supervision 1 - 3pm	HOLD HYPE Site Review F 1 - 2pm			Make recordings 12:30 - 1:30pm	
		Develop AHEAD ppt 2 - 4pm	Complete IF review 2 - 3:30pm	Kandace 2 - 3pm	Silton School 2 - 3pm	
	Check & Respond to Email 3 - 4pm			Check and Respond to Em 3 - 4pm	Judy 3:15 - 4:15pm	
	Write IES design 4 - 7pm	Check and Respond to Em 4 - 5pm	Check and Respond to Em 4 - 5pm	Interval Training 4:30 - 5:30pm	Body pump 4:30 - 5:30pm	
		Write Intro to IES grant 5:30 - 8pm	Momma and Son Sushi & Movie 5:30 - 8pm	Revise Preventing Disability Manuscript 6 - 8pm	Check and Respond to Em 6 - 7pm	
	Drive to Long Island 7 - 8pm					



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



MENTAL HEALTH CONDITION	SYMPTOMS	ACADEMIC IMPLICATION	SKILL DEVELOPMENT AREAS (SELF MANAGEMENT)
BIPOLAR D/O v psychotic features	Internal stimuli	Impaired concentration when studying	<ul style="list-style-type: none"> • 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	
		Trouble with test taking	
	Lack of awareness	Talking out of turn	<ul style="list-style-type: none"> • Social skills training • Develop “class rules” • Write questions/comments before asking • Wellness planning (WRAP)
		Interrupting professor	
		Strong emotional reactions within the classroom	
	Tangential thinking	Difficulty communicating ideas clearly	<ul style="list-style-type: none"> • Talk through problems out loud • Seek out feedback (natural supports) • Develop brainstorming strategies
		Trouble with structuring written assignments	
	Memory deficits (EF)	Committing what is read or seen to memory	<ul style="list-style-type: none"> • 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?



MENTAL HEALTH CONDITION	SYMPTOMS	ACADEMIC IMPLICATION	ACADEMIC RESOURCES OR SUPPORTS	SKILL DEVELOPMENT AREAS (SELF MANAGEMENT)
BIPOLAR DISORDER W PSYCHOTIC FEATURES	Internal stimuli	Impaired concentration when studying	<ul style="list-style-type: none"> Library/ Study Halls Tutoring Use of study apps 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Register for shorter sections (1.5 hrs 2x per wk) 	
		Trouble with test taking	<ul style="list-style-type: none"> Testing center 	
	Lack of awareness	Talking out of turn		<ul style="list-style-type: none"> Social skills training Develop "class rules" Write questions/comments before asking Wellness planning (WRAP)
		Interrupting professor	<ul style="list-style-type: none"> Faculty office hours 	
		Strong emotional reactions within the classroom	<ul style="list-style-type: none"> Counseling Services Campus peer support 	
	Tangential thinking	Difficulty communicating ideas clearly	<ul style="list-style-type: none"> Tutoring Office hours 	<ul style="list-style-type: none"> Talk through problems out loud Seek out feedback (natural supports) Develop brainstorming strategies
		Trouble with structuring written assignments	<ul style="list-style-type: none"> Writing lab Office hours 	
	Memory deficits (EF)	Committing what is read or seen to memory	<ul style="list-style-type: none"> Tutoring services Academic Success Workshops: Studying Academic Success Workshop: Note taking 	<ul style="list-style-type: none"> 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?



The Transitions to Adulthood Center for Research



ACCOMMODATIONS & ASSISTIVE TECHNOLOGY

Putting it all together



The Transitions to Adulthood Center for Research

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





MENTAL HEALTH CONDITION	SYMPTOMS	ACADEMIC IMPLICATION	POSSIBLE ACCOMMODATION
Bipolar D/O w psychotic features	Internal stimuli	Impaired concentration when studying	
		Difficulty focusing in lectures	<ul style="list-style-type: none"> • Note taker or note taking software • smartpen
		Trouble with test taking	<ul style="list-style-type: none"> • Extended time • Proctored Exams • Exams read aloud • Headphones with music for exams
	Lack of awareness	Talking out of turn	
		Interrupting professor	
		Strong emotional reactions within the classroom	<ul style="list-style-type: none"> • Classroom buddy • Ability to take breaks
	Tangential thinking	Difficulty communicating ideas clearly	<ul style="list-style-type: none"> • Use of scratch paper during exams
		Trouble with structuring written assignments	<ul style="list-style-type: none"> • Ability to submit early for feedback • Requesting model of assignment
	Memory deficits (EF)	Committing what is read or seen to memory	<ul style="list-style-type: none"> • Increased frequency of exams • Alternate assignments or exams based on application rather than memorization • Use of assistive computer software • Recorded lectures • Textbooks in alternate format
		Trouble remembering appointments/due dates	
		Difficulty recalling steps in a task	<ul style="list-style-type: none"> • Written instructions for all tasks/assignments
		Loss of academic materials	<ul style="list-style-type: none"> • Online repository for class content



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



The Transitions to Adulthood Center for Research

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”?



The Transitions to Adulthood Center for Research



Thank You!

Michelle Mullen: Michelle.Mullen@umassmed.edu

Brittany Stone: stonebl@shp.rutgers.edu

Amy Banko: Amy.Banko@rutgers.edu

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