



HYPE: SUPPORTING THE EDUCATION OF YOUNG ADULTS

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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: <https://www.umassmed.edu/HYPE>
<http://www.umassmed.edu/TransitionsACR>

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Who are we?



National Center that aims 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 (MHC's)

How do we do that?

1. Conduct research that supports the employment and education goals of YA
2. Develop and translate knowledge to the public
3. Infuse Participatory Action Research (PAR) into all ACR activities





Supporting Education within Rehab Services



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Rehab: Where Supported Ed was born



Rehab Services

A Definition:

- Skills + Supports = Success + Satisfaction
- .. In a person's life goals

Areas of focus include:

- Relationships.
- Physical and behavioral health.
- Housing.
- Education.
- Employment.

Supported Ed

A Definition:

- Skills + Supports + Accommodations/AT = Success and Satisfaction

Areas of Focus:

- Education, in the service of:
 - Work
 - Career



Supported Ed Models



Traditionally, there have been 3 models of SEd:

- Self-contained classroom
- On-site support
- Mobile support

The most effective and evidence-based models are those that do not isolate people with disabilities and support success in the chosen environment



Evidence Base for SEd



- SEd was developed and has been researched since the 1980's
- SAMHSA has recognized supported education with its own EBP Toolkit
- HYPE is currently adding to the literature on SEd



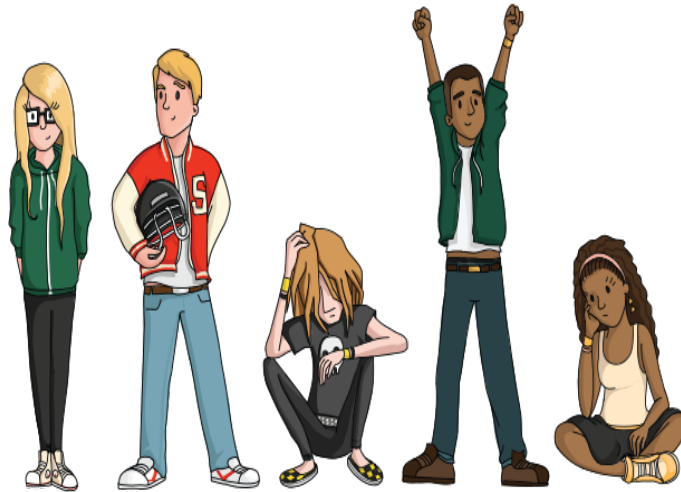


A RATIONALE FOR SUPPORTING THE EDUCATION OF YOUNG ADULTS



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Being Young...



- Hanging out with friends
- Having fun
- Dating
- Doing well in school
- Working
- Experimenting
- Becoming independent
- Deciding what you want to be “when you grow up”



Young people are **not necessarily** interested in talking about:



- Symptoms and diagnoses
- Medication adherence/compliance
- Therapy
- Appointments
- “Treatment”

We **train** young people to focus on these topics...

- We need to **change** our focus to what's important to them.



Differing Service Foci for Young Adults vs Mature Adults with MHCs



Young Adults

- Prevent long-term disability
- Maintain developmentally normative pathways
- Teach resiliency and persistence
- Prevent the enrollment on SSI
- Maintain & create relationships on their campus & community

PREVENTION MODEL

Mature Adults

- Undue system effects
- Develop positive beliefs about the future
- Create opportunities for success
- Assist in transitioning from SSI to earned income
- Recreate linkages to the community

RECOVERY MODEL



Rationale for Developing our Model



Existing supported employment models achieve only moderate success

Many young adults with mental health conditions become reliant on Supplemental Security Income (SSI)

Existing Supported Employment and Vocational Rehabilitation programs emphasize employment over education

Higher education is vital to cultivating human capital

For young adults, being a student is age-relevant (most people their age are going to school) yet presents unique challenges



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A CAREER DEVELOPMENT MODEL FOR YOUNG ADULTS, FOCUSED ON SUPPORTING EDUCATION

HYPE

Helping Youth on the Path to Employment



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HYPE's History



- Practice-based
 - HYPE's "parent" started in New Jersey in 2008 (LEARN)
 - Integrated SEd into existing SE services
- Research-informed
 - RCT of LEARN began in 2008
- NIDILRR funded in 2012
 - Project activities focused on refining for young adults (specifically)
 - Developed and piloted the HYPE Manual within SE services
 - Created web-based community of practice



HYPE developed with YA voice



- Monthly meetings with YA Advisory Gp. for 4 years
- **Learnings** (in the words of the YA):
 - “Don’t be a dream killer!”
 - “If I stop coming, don’t make it hard for me to come back!”
 - “Unless we say, ‘Stop texting me,’ keep texting us – we see them!”
 - “My goal is your goal”
- Development Summit brought together:
 - 14 Young Adults
 - 14 Researchers
 - Equal voices in the room





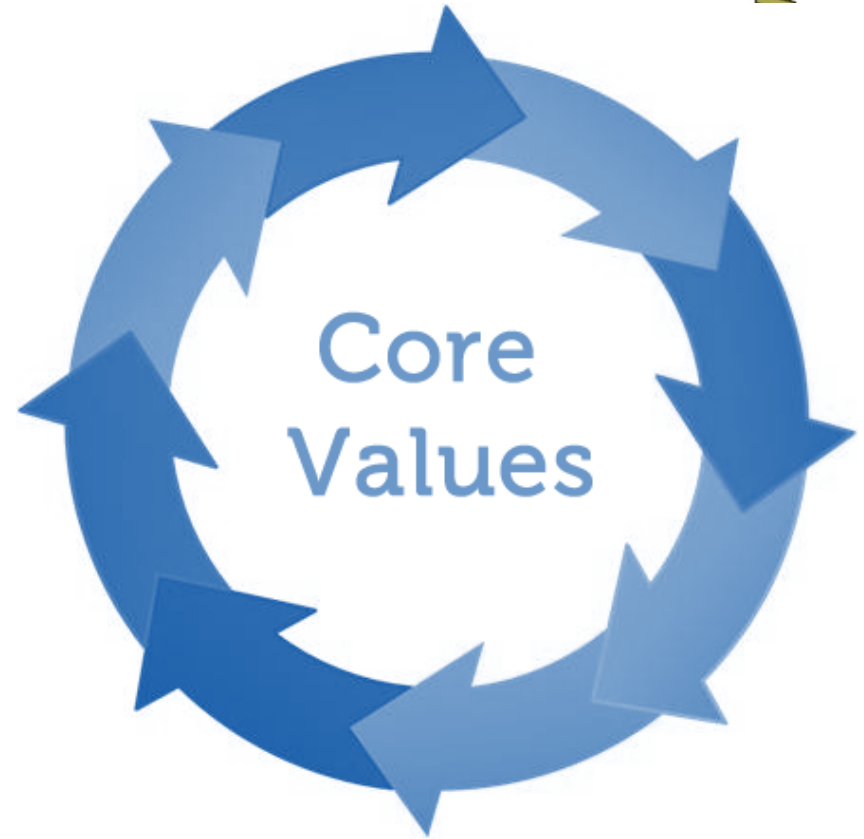
Flexible

Helpful

Solution-focused

Partnering

Age-typical





HYPE's Principles:



- Career-oriented Services
- Cultivation of Identity of Worker & Student
- Informed Decision Making
- Service eligibility based on choice
- Purposeful Service Coordination
- Attention to Preferences
- Personalized Financial Planning
- Rapid Goal Pursuit
- Systematic Resource Development
- Systematic Job Development
- Time-Unlimited and Individualized Support
- Community Integration

Go to: <https://www.umassmed.edu/hype/HYPE-principles/> for more information



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HYPE is a career & educational service



Career services that focus on ***prioritizing education early*** to enhance both education and employment outcomes

HYPE is a **fluid career development approach**, where education and employment supports are provided to help young adults move between school and work with consistent adequate supports.





HYPE Focus

Focuses on maintaining identity of young adult, student, worker

Actively works against the development of a *disability identity*

- Aims to *prevent* the application to/ enrollment in SSA

Develops skills and mindset to *persist* in school

- Highly specialized support + executive functioning skill development



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HYPE works to get young people into the Primary Labor Market



Primary Labor Market

- Higher pay
- Benefits
- Flexibility
- Vacation time
- Sick time
- Career Mobility
 - Lateral and vertical

Secondary Labor Market

- Entry level jobs
- Short job tenure
- Low pay
- No benefits
- No vacation time
- Typically little flexibility

Tertiary labor markets

- “Gig” economy
- offer flexibility
- lack the benefits of the primary market
- (aka self-employment)





HYPE SERVICES ARE INTENTIONAL



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Intentional Services are:

- Based in student need,
- Goal- and Preference informed,
- Planned out,
- Personalized,
- Individual



Services are not conducted according to the “Crisis of the Week (COW)”



HYPE provides Intentional Services in 3 areas:



Skill Development

Skill & Strategy
Development

- Goal-directed behavior
- Skills Critical to Success



Resource Development

- Campus
- Community
- Peer
- Natural & Paid



Accommodations Education & Advocacy

- Assistive Technology
- Partnership with Disability Services
- Advocacy



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HYPE Skill & Strategy Development



- **Developing competencies**
- that promote goal-directed behavior, crucial to future academic & vocational success
- **Focus on executive functioning skills** (through FSST)
 - Working memory
 - Cognitive flexibility
 - Reducing distractions, etc.



Barriers endorsed by students



2008 A Randomized, Controlled, Multisite Trial of the “Effectiveness of Supported Education for Postsecondary Students with Psychiatric Disabilities.” NIDILRR #H133B100037 (Gill, Salzer, Mullen; Temple) **BASE MODEL FOR HYPE**

2012 addition to original study “A Study of Age-Associated Need, Services, and Outcomes of Participants enrolled in Supported Education” NIDILRR #H133B090018. (Gill, Davis, Salzer, Mullen; UMASS)

Over **70%** of respondents:

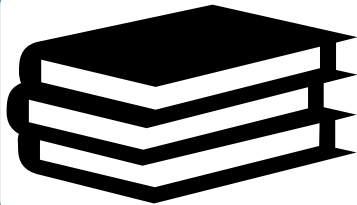
- Concentration (85%),
- Time management (77%),
- Stamina (75%),
- Organization (71%),
- Prioritizing tasks (70%)

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

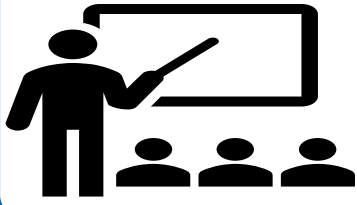


HYPE Skill & Strategy Development



HYPE Practitioners teach:

- Working memory
- Cognitive flexibility
- Inhibitory control (which includes reducing distractions)



Executive functioning skills build self-regulated learning (SRL)

- monitor, regulate, and control cognition, motivation, and behavior toward a set goal (Pintrich et al., 2000).



Self-regulated learning is goal-directed behavior



12-week manualized curriculum



Focused Skill & Strategy Training (FSST)

Helping Youth on the Path to Employment

- SESSION 1: INTRODUCTION, GOAL SETTING, & INTRODUCTION TO
- SESSION 2: PROSPECTIVE MEMORY (CALENDARS, LISTS, LINKING TASKS)
- SESSION 3: SHORT-TERM PROSPECTIVE MEMORY
- SESSION 4: TASK AND CONVERSATIONAL ATTENTION
- SESSION 5: ATTENTION SKILL PRACTICE
- 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
- SESSION 12: SKILLS INTEGRATION, REVIEW, AND NEXT STEPS



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HOW WOULD HYPE FIT IN FOR YOUR PROGRAM? DO THE YOUNG ADULTS IN YOUR PROGRAMS NEED SOMETHING LIKE THIS?



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HYPE ON CAMPUS

Our current trial



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HYPE on Campus Overview



- Acts as a bridge between other campus services & resources
- Intends to fill the gap in services that is typically seen on campus for this group of students
- *Does not duplicate services* but assists students to *utilize* services on campus more effectively
- Assists in the coordination of services to enhance outcomes
- Utilizes coaching and accompaniment to enhance participation and utilization of available/targeted resources



HYPE on Campus



- Grounded in Theory
 - SE/SeD principles & practices
 - Motivational Interviewing & TTM
 - And much more!
- Based in Practice
 - Began at Rutgers in 2003
 - Developed further in community mental health in New Jersey in 2008 (LEARN)
- Informed by Research
 - RCT of specialized support for college students began in 2008
 - RCT of executive functioning development for college students began in 2013
 - Recent pilot at a large state university



HYPE on Campus Approach



- Coaching
- Service Coordination
 - Pilot program within offices of Disability/Accessibility services
 - Aims to identify student struggles early and target services to avoid disruption
- Service/Resource Linkage
 - Identify academic and personal needs to create barriers to staying in school
 - Identifies and links students to services to meet those needs
 - Includes accompaniment
- Skill Development



Skill Development



- Skill development is a cornerstone of HYPE.
- Standardized curriculum to systematically developing complex executive functioning skills
 - Uses a compensatory cognitive remediation approach (FSST)
- Starts slow and builds skills over time
- Teaches & reinforces foundational skills & strategies
- Over 12 weeks, students build and refine a sophisticated set of cognitive tools.
- Skills & strategies taught in the curriculum are reinforced in “support” sessions to develop effective habits & resource utilization.



Service Design



- Student internship model to create a low-cost, sustainable model should schools decide to continue after the trial
 - MSW students
 - OT students
- Services are designed to be individualized and targeted for one academic year
 - More time intensive for first semester (first 3 months), less intense after EF curriculum is complete
- Focuses on students who have had at least one previous academic disruption



RCT Research Participants

Age

- Young adult, between 18-30 years

Diagnoses

- Diagnosed mental health condition (self-report)
- *Cannot* have a secondary diagnosis of autism, TBI, or other neurological condition that affects cognition

School Status

- Currently enrolled at the university
- Enrolled in at least two courses (six or more credits)
- Expects to maintain matriculation for the next two years

Project Timeline



Fall 2020

- Prepare for Feasibility Trial
- Identify Staff
- Training & Technical Assistance
- A little practice...

Spring 2021

- Feasibility Trial
- 1 semester
- *Can we do this here?*
- *Learnings inform efficacy trial*

Fall '21 Spring '22

- Pilot RCT efficacy trial
- One academic year
- *Does this work here?*



Efficacy Trial



- Recruit 80 students (40 per campus)
- Randomized into HOC (n=20) or Active Control (n=20) per campus
- Active Control (i.e., “warm hand off”)
 - Services as Usual + “Critical Campus Resource” packet
 - Connection to Disability Services, Counseling, & Career Services (if not already connected)
- HOC:
 - Services as Usual + Executive Functioning skill development & specialized support
 - Services for first semester in HOC will be about 1.5 hours per week
 - Program staff enter accurate & timely data related to individual-level service provision (i.e., detailed notes) for research and TA purposes



Pilot Efficacy Trial continued...



- HOC services are provided for one academic year
 - Services are expected to decrease over the second semester, but available when students need them
 - Academic year 2021-2022
- Data is collected for all students for one additional semester (Fall 2022) to assess durability of services
- After trial is over (January 2023):
 - Students who were assigned to Active Control can receive HOC
 - Campuses are free to provide HOC to any student who needs/wants it





Contact us!

Our website: <https://www.umassmed.edu/hype/>

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