Innovations in Youth Mental Health: Panel 2

June 22, 2022
10:00am PT / 11:00am MT / 12:00pm CT / 1:00pm ET

Welcome! We will get started momentarily.

Please let us know who you are and where you are from in the chat box (click the chat icon at the bottom of your screen).
Housekeeping

• We want to hear from you! Share your questions, comments and “ah-ha’s” via the chat box.

• A recording and slides will be available within 24 hours - We’ll email you.
Welcome
2022 Leadership Exchange
Valuing Inclusion, Resilience & Growth

• Focus on youth
• Three components
  • Virtual Matches: October 3-20
  • In-Person Network Meeting (Washington DC): October 26-27
  • Virtual viewing
• Register now!
  • https://iimhl.com/2022-leadership-exchange-menu-iimhl
Our Time Today

• Welcome

• Panelist Presentations
  • Centering LGBTQ+ Youth’s Mental Health Needs with Affirmative Practices
  • Supporting Young Adult College Students with Mental Health Conditions: Insights from a Feasibility Trial of HYPE on Campus
  • Sustaining and Scaling: How to Make Something Work in Your Context

• Audience Q&A/Moderated Discussion
Our Panelists

Liz Verrastro, LMSW

- Liz Verrastro (she/her) is a Licensed Master Social Worker. She is a certified Youth Mental Health First Aid instructor and is trained in providing inclusive care for LGBTQ+ youth. As a counselor, she’s worked with youth of all ages and believes education and prevention are cornerstones of social work and activism. In addition to her work with youth, she also works for young people by providing trainings on supporting LGBTQ+ youth throughout Westchester County.
Alice Charlotte Bethke

- Alice Charlotte Bethke (she/her) is an intern at WJCS Center Lane. She has previously helped facilitate Center Lane’s youth groups and Pride Camp and is the co-author of Center Lane’s Pride Academy Curriculum. As a trans woman from Iowa, she knows the importance of inclusive, community-building support from adults and peers. She lives in New York and is attending Sarah Lawrence College, where she is concentrating in fiction writing.
CENTERING LGBTQ+ YOUTH’S MENTAL HEALTH NEEDS WITH AFFIRMATIVE PRACTICES

WITH WJCS CENTER LANE

WELCOME! WHO’S READY TO TALK ABOUT LGBTQ+ YOUTH?
WELCOME!

Center Lane is where LGBTQ+ youth (21 and under) create community, connect with culture, & contribute to the world!

LIZ VERRASTRO, LMSW (SHE/HER)

ALICE C BETHKE (SHE/HER)

If you are new to Center Lane, WELCOME!
If you have been with us before, WELCOME HOME!

© 2022 WJCS Center Lane
GROUP AGREEMENT

- CONFIDENTIALITY
- BE OPEN TO LEARNING
- ASSUME GOOD WILL: WE'RE ALL HERE TO LEARN
- THIS IS THE PLACE TO MAKE A MISTAKE – JUDGEMENT FREE
- USE OUCH AND OOPS
- IT'S OK TO BE UNCOMFORTABLE
- IT'S OK TO NOT KNOW – YOU DON'T KNOW WHAT YOU DON'T KNOW
- MAKE SPACE / TAKE SPACE
- BE PRESENT
- ELMO – EVERYBODY, LET'S MOVE ON!
- BE FEARLESS – ASK BIG QUESTIONS
- ASK YOUR QUESTION THE BEST WAY YOU KNOW HOW
Lesbian – A woman who is romantically, emotionally, and physically attracted to women
Gay - a man who is romantically, emotionally, and physically attracted to men, also used by some women. It is also an umbrella term for the LGBTQ+ community
Bisexual – a person attracted to the same or another gender
Pansexual – one who is attracted to another person regardless of their sexual orientation, sex assigned at birth, or gender identity.
Asexual – one who experiences very little or no sexual attraction
Transgender – one whose gender identity does not correspond to their sex assigned at birth
Non-binary – a term used when one’s gender identity doesn't sit comfortably with 'man' or 'woman'
Cisgender – one whose gender identity corresponds to their sex assigned at birth
Questioning – one who is trying to identify the word(s) that work best for them
Queer – a sexual orientation, gender, gender identity, and/or a political or social identity
Intersex – someone with any variation in sex characteristics including chromosomes, hormones, reproductive organs, or genitals that don’t fit the typical definitions for male or female
A FEW KEY TERMS

**TRANSGENDER**
Describes a person whose gender doesn’t match their sex assigned at birth.

**CISGENDER**
Describes a person whose gender does match their sex assigned at birth.

**NONBINARY**
Describes a person whose gender doesn’t comfortably fit with the binary categories of ‘man’ and ‘woman’.

**GENDER DYSPHORIA**
Describes the discomfort felt when someone’s gender identity doesn’t match how they fit into society or see themselves.
LGBTQ+ YOUTH ARE AT HIGHER RISK FOR MENTAL HEALTH CHALLENGES COMPARED TO THEIR NON-LGBTQ+ PEERS

- Anxiety
- Depression
- Suicidal Ideation

- Rejection
- Isolation
- Homelessness

THE TREVOR PROJECT. (2021). 2021 NATIONAL SURVEY ON LGBTQ YOUTH MENTAL HEALTH.
THE STATS

39 percent of LGBTQ+ people say that at some point in their lives they were rejected by a family member or close friend because of their sexual orientation or gender identity.

UCLA's Williams Institute estimates that in the US, 9.5 percent of 13- to 17-year-olds are LGBTQ+. About 8 percent of LGBTQ+ youth are trans.

Data on LGBTQ+ youth ages 8-13 is rarely collected and few groups serve them.
WHAT IF THERE ISN`T PROGRAMMING EXPLICITLY INCLUDING LGBTQ+ YOUTH?
Peer support and interaction is key to a young person’s development, and especially crucial for LGBTQ+ youth who often feel marginalized and isolated at home, at school and in their communities. Center Lane is committed to serving LGBTQ+ youth ages 21 and younger by providing developmentally appropriate peer groups for youth to learn, engage, and socialize.
TRANSPARENTCY IS A DUAL SUPPORT GROUP WHERE TRANS AND GENDER EXPANSIVE YOUTH MEET WHILE THEIR PARENTS/CAREGIVERS MEET NEXT DOOR. EVERYONE HAS AN OPPORTUNITY TO DISCUSS TOPICS OF CONCERN WITH THEIR PEERS!
TRANSPARENTCNY YOUTH IMPACT

“I LOVE THIS GROUP, EVERYONE HERE DESERVES A HUG AND A PIECE OF CANDY :)”

“EVERYONE HERE IS AMAZING AND I FEEL LIKE I REALLY HAVE FOUND MY FOUND FAMILY EVERY TIME I AM HERE.”

100 PERCENT OF YOUTH SURVEYED AGREED:
“AFTEER COMING TO TRANSPARENTCNY, I FEEL MORE CONFIDENT AS A TGNC PERSON”
“CENTER LANE TAUGHT ME WAYS TO RESPECT PEOPLE OF ALL SEXUAL ORIENTATIONS AND GENDER IDENTITIES”
“CENTER LANE IS A GOOD PLACE TO FIND AN LGBTQ+ COMMUNITY”

ONCE ONE PERSON HAS GONE THROUGH SOMETHING (HORMONES, SURGERY, ETC.) IT MAKES IT A LITTLE EASIER FOR OTHERS TO DO THE SAME IF THEY HAVE THE SUPPORT OF THOSE WHO CAME BEFORE THEM

© 2022 WJCS Center Lane
“HEARING OTHER PARENTS’ EXPERIENCES MAKES ME FEEL LESS ALONE.”

100 PERCENT OF PARENTS SURVEYED AGREED:
“AFTEER COMING TO TRANSPARENT, I FEEL MORE CONFIDENT PARENTING A TRANS/GENDER NON-CONFORMING YOUTH.”

94 PERCENT AGREED:
“I GAINED PRACTICAL WAYS TO SUPPORT MY TGNC CHILD”

“THERE’S HOPE FOR MY CHILD”

“I DON’T NEED TO UNDERSTAND EVERYTHING ABOUT TRANS IN ORDER TO BE SUPPORTIVE”
RAINBOW SQUAD

RAINBOW SQUAD IS A UNIQUE PROGRAM WHERE LGBTQ+ YOUTH AGES 8-13 EXPLORE CONCEPTS AROUND SEXUALITY AND GENDER, LEARN ABOUT HISTORY AND IDENTITY, AND MAKE FRIENDS WHO SHARE THEIR EXPERIENCES!
RAINBOW SQUAD IMPACT

RAINBOW SQUAD was created in response to an increased need for services for LGBTQ+ youth under 13.

It was intended to be a 12 week pilot program, but after an incredibly positive response, it became a weekly center lane program!
RAINBOW SQUAD IMPACT

QUOTES FROM YOUTH PARTICIPANTS

“I GOT TO MEET NEW PEOPLE, PEOPLE WHO ARE SIMILAR TO ME AND IT’S KINDA NICE TO HAVE THAT”

“MADE MY DAY 10 TIMES BETTER”

“I DON’T TYPICALLY FEEL COMFORTABLE AT SCHOOL BUT HERE I CAN FEEL COMFORTABLE BEING MYSELF AND SHARING MY PRONOUNS”
RAINFOREST SQUAD IMPACT: PARENT RESPONSES

"THANK YOU FROM THE BOTTOM OF MY HEART FOR EVERYTHING YOU AND YOUR COLLABORATORS DO FOR OUR KIDS! I HAVE SEEN [CHILD'S] CONFIDENCE SOAR AND HE HAS BEEN ABLE TO EXPLORE HIS GENDER EXPRESSION IN A WAY HE WAS AFRAID TO BEFORE. HE'S ALSO MADE SEVERAL FRIENDS WHICH IS HUGE! GOD BLESS YOU ALL IN YOUR CONTINUED WORK!"

"I JUST HAVE TO TELL YOU WHAT A GOD SEND YOUR MEETINGS HAVE BEEN FOR [CHILD] AND WE ARE SO BLESSED TO HAVE FOUND YOU!"

"OMG! I HAVE TO TELL YOU. WHAT EVER YOU DID TODAY WAS AMAZING. [CHILD] HAS SUCH A HARD TIME FINDING THINGS HE LIKES. I MADE HIM GO TO THIS CAMP FOR AN HOUR. IF AFTER AN HOUR HE DIDN'T LIKE IT HE COULD GET OFF. HE LOVED IT STAYED THE WHOLE TIME AND WANTS TO GO BACK TOMORROW. THANK YOU, THANK YOU, THANK YOU"
CENTER LANE’S WORK TO SUPPORT LGBTQ+ YOUTH MENTAL HEALTH GOES BEYOND JUST ACCEPTANCE TO CELEBRATION OF ONE’S IDENTITY!
WHAT IS "GENDER EUPHORIA"?

GENDER EUPHORIA IS THE FEELING OF JOY AND HAPPINESS ONE EXPERIENCES WHEN GETTING TO EMBRACE THEIR TRUE IDENTITY AND LIVE AS THEIR GENDER, WHAT EVER THAT MAY LOOK LIKE FOR THEM!

IT'S EASY FOR TRANS YOUTH TO GET STUCK THINKING ABOUT DYSPHORIA, THE WAYS THEIR GENDER FEELS OUT OF REACH.

GENDER EUPHORIA OFFERS AN ALTERNATIVE TO THAT THINKING AND EMPowers TRANS AND GENDER NON-CONFORMING YOUTH!
WHAT DOES GENDER EUHORIA LOOK LIKE IN PRACTICE?

Gender euphoria in work with LGBTQ+ youth is events and activities focused on helping our youth affirm their identity while also having fun!

These practices are meant to combat the discomfort that often occurs with gender dysphoria in a safe and affirming environment.

The aim is to encourage youth to explore/play with gender in different ways. This gives them the ability to figure out whatever brings them bliss, comfort, excitement, connection, and joy!
GENDER EUPHORIA: MAKEUP EVENT

THE EVENT WAS INCREDIBLY SUCCESSFUL!

- Youth attendees watched as five guest speakers took turns presenting a specific makeup technique.

- The guest speakers covered a variety of looks including drag makeup, masculinizing makeup, everyday makeup, formal makeup and special effects makeup.

- They were also able to give the youth tips on how to purchase different makeup items while also being conscious of budgeting.

- During this event the kids were attentive, engaged and even took the opportunity to participate by following along doing their own makeup while using the techniques being presented!
WHAT'S THE NEXT EVENT GENDER EUPHORIA?

Taking cues and input from the youth we serve, our next Gender Euphoria event looks to focus on clothes and the important role they play in our identity, expression, and gender euphoria!
Now it's your turn!
What are things that bring you gender euphoria?

Drop them in the chat!
PLANNING A GENDER EUPHORIA EVENT

WHAT IS THIS EVENT FOCUSING ON?

WHO IS THE AUDIENCE?

WHAT IS THE GOAL FOR THE EVENT? WHAT DO WE WANT OUR YOUTH TO LEARN?

HOW DO WE MAKE SURE THE PARTICIPANTS TAKE THE SKILLS WITH THEM?

HOW CAN I CENTER THE MOST MARGINALIZED VOICES IN THE ROOM?

WHAT TYPE OF SPACE WILL THIS EVENT REQUIRE?

WILL THIS EVENT REQUIRE FUNDING?

HOW CAN I UTILIZE MY NETWORK/COMMUNITY TO MAKE THIS EVENT A SUCCESS?
WHAT IS THIS EVENT FOCUSING ON?
CREATING GENDER EUPHORIA THROUGH CLOTHING AND ACCESSING AFFIRMING LOOKS AND THE IMPORTANT ROLE CLOTHING CAN PLAY IN FEELING EUPHORIC IN YOUR IDENTITY

WHO IS THE AUDIENCE?
LGBTQ+ YOUTH 13-18

WHAT IS THE GOAL FOR THE EVENT? WHAT DO WE WANT OUR YOUTH TO LEARN?
CLOTHING DOES NOT HAVE A GENDER, AND THERE IS NOT “RIGHT WAY” TO LOOK OR DRESS FOR ANY IDENTITY, IT IS WHAT MAKES YOU FEEL COMFORTABLE

HOW DO WE MAKE SURE THE PARTICIPANTS TAKE THE SKILLS WITH THEM?
WE WILL LET THE YOUTH TAKE AN AFFIRMING OUTFIT EACH

HOW CAN I CENTER THE MOST MARGINALIZED VOICES IN THE ROOM?
THE EVENT AND CLOTHING WILL BE FREE. WE WILL MAKE SURE THAT CLOTHING INCLUDES SIZES OF XS TO AT LEAST 4X
ACKNOWLEDGE THE DISCRIMINATION FAT AND PLUS SIZE FOLKS EXPERIENCE WHEN IT COMES TO FASHION

WHAT TYPE OF SPACE WILL THIS EVENT REQUIRE?
A PROGRAM SPACE ABOUT THE SIZE OF A SCHOOL GYMNASIUM

WILL THIS EVENT REQUIRE FUNDING?
YES, TO SECURE A PROGRAM SPACE AND POSSIBLE REFRESHMENTS/SWAG FOR YOUTH

HOW CAN I UTILIZE MY NETWORK/COMMUNITY TO MAKE THIS EVENT A SUCCESS?
WE WILL BE WORKING WITH ANOTHER LOCAL NON-PROFIT, THE SHARING SHELF, THAT PROVIDES CLOTHING TO YOUTH AT NO COST
WAYS TO PRACTICE GENDER EUPHORIA INDIVIDUALLY
MAKE A LIST OF THINGS THAT AFFIRM YOU OR BRING YOU GENDER EUPHORIA

- WATCHING SHOWS WITH LGBTQ+ CHARACTERS
- WEARING YOUR FAVORITE OUTFIT OR MAKEUP LOOK
- CREATE ART THAT REFLECTS YOUR IDENTITY
# Create a Rainbow Affirmations Card

## My Affirmations

<table>
<thead>
<tr>
<th>Color</th>
<th>Affirmation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>One thing you are thankful for</td>
</tr>
<tr>
<td>Orange</td>
<td>One thing you like about yourself</td>
</tr>
<tr>
<td>Yellow</td>
<td>A new thing in your life that you are happy about</td>
</tr>
<tr>
<td>Green</td>
<td>A person who makes you feel comfortable/affirmed</td>
</tr>
<tr>
<td>Blue</td>
<td>An object or article of clothing that you love</td>
</tr>
<tr>
<td>Purple</td>
<td>One thing you are looking forward to</td>
</tr>
</tbody>
</table>

Cover the back of the flashcard with stickers, drawings, even a small photo! It can be anything you want it to be. When you're finished with your card, keep it in your pocket or backpack for safekeeping. Pull out your card whenever you need a reminder of how awesome you are!

© 2022 WJCS Center Lane
THE IMPACT OF GENDER EUPHORIA

“I’VE REALLY ENJOYED THE GENDER EUPHORIA EVENTS SO FAR. I APPRECIATE THAT EACH EVENT IS DEDICATED TO A DIFFERENT TOPIC, GIVING US AN OPPORTUNITY TO TALK SPECIFICALLY ABOUT EACH TOPIC IN RELATION TO OUR TRANS EXPERIENCE, RATHER THAN JUST HAVING ONE EVENT TO TALK ABOUT ALL THINGS TRANS-RELATED (BECAUSE THERE ARE SO MANY DIFFERENT TOPICS!) I ALSO REALLY ENJOYED GETTING TO HEAR FROM TRANS ADULTS WHO HAD EXPERIENCE WITH EACH TOPIC WE WERE DISCUSSING, WHETHER IT BE MAKEUP, CLOTHING, BODY IMAGE, ETC. IT’S REALLY HELPFUL FOR ME AS A TRANS PERSON TO HEAR FROM AND TALK TO TRANS ADULTS BECAUSE IT’S A CHANCE I RARELY GET, AND THEY ALWAYS HAVE REALLY INTERESTING EXPERIENCES TO SHARE RELATED TO THEIR TRANS IDENTITY.”

- A 20-YEAR-OLD CENTER LANE PARTICIPANT
THE IMPACT OF GENDER EUPHORIA

“I LEARNED THAT I AM OK TO BE ME. I THINK THAT IS ONE OF THE MOST IMPORTANT THINGS TO LEARN, AND EVEN THOUGH I’M STILL LEARNING HOW TO LOVE MYSELF, THIS EXPERIENCE HAS GIVEN ME A STRONG PUSH IN THE RIGHT DIRECTION.”

“GENDER EUPHORIA CAN COME IN MANY FORMS AND BEING VULNERABLE DOESN´T HAVE TO FEEL DRAINING, IT CAN BE FREEING”
QUESTIONS?

FEEL FREE TO ASK US ANY QUESTIONS YOU HAVE AT THE END OF THE PANEL OR BY CONTACTING CENTER LANE!
THANK YOU!

LIZ VERRASTRO, LMSW
SHE/HER
SOCIAL WORKER
EVERRASTRO[AT]WJCS.COM

ALICE C BETHKE
SHE/HER
INTERN

WJCS CENTER LANE
(914) 423-0610
CENTERLANE[AT]WJCS.COM
WWW.CENTERLANENY.ORG

© 2022 WJCS Center Lane
Michelle Mullen, PhD

- Michelle G. Mullen, PhD, is at UMASS Chan Medical School, Department of Psychiatry. Michelle’s main areas of expertise are mental health conditions, young adult services, career development, postsecondary education, and modernization of services.
- Michelle is the clinical developer of a career development model, HYPE, that integrates employment and education support.
Supporting Young Adult College Students with Mental Health Conditions: Insights from a Feasibility Trial of HYPE on Campus

Michelle G. Mullen, PhD, MS, CRC, CRPR
College for Behavioral Health Leadership
June 22, 2022
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 umassmed.edu/TransitionsACR

I have no additional disclosures.

The contents of this presentation were developed with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, (NIDILRR), United States Departments of Health and Human Services (NIDILRR grant number 90DPGE0008). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The content of this presentation does not necessarily represent the policy of NIDILRR, ACL, and/or HHS and you should not assume endorsement by the Federal Government.
Agenda

• Prevalence of college students with mental health conditions (MHC) on campus & the barriers facing this population

• Challenging the current narrative of why college students with MHC drop out of college

• Introduction to HYPE on Campus
PREVALENCE ON CAMPUS & ASSOCIATED BARRIERS
Prevalence on Campus

• Psychiatric conditions considered most rapidly growing diagnoses on campus (AUCCCD, 2016)

• 20% of students reported a diagnosed psychiatric condition (ACHA-NCHA, 2016)

• Approximately one-third of the student population experience symptoms of a mental health condition (Eisenberg et al., 2013)

• Utilization rates of student counseling services on campus has also steadily increased (Lipson et al., 2018)
Attrition Rates

• Students with MHC have the highest rates of college dropout compared to any other group, including those with other disabilities (Kessler et al., 1995; Salzer, 2012; Arria et al., 2013).

• Estimated dropout rate of 86% (Kessler, et al., 1995; Salzer, et al., 2008; Collins & Mowbray, 2005)
  • triple the rate of freshmen at 24%, (U.S. News and World Report: “Freshman Return Rate”)

• 70% of students in one trial reported at least one failed attempt at school;
  • 25% of those were on their second, and
  • 44% were on their third or more attempt (Mullen, unpublished data)
The Assumed Suspects of Attrition: Grades & Symptoms

• Evidence does not support GPAs reason for attrition

• Largely miscited
  • GPAs range from 2.8 -3.2  (Gill, Mullen, et al., 2022; Mullen et al., 2022; Eisenberg et al., 2009)

• Misrepresentation of data contributes to how services on campus and in the community are shaped
Commonly Cited Barriers for This Population

- Mental health symptoms
- Lack of support
- Financial aid issues
- Lack of adequate accommodations
- Avoidance of disclosure due to fear of discrimination
- Lack of access to specialized services

(Mullen et al., 2017; Markoulakis & Kirsh, 2013; Collins & Mowbray, 2005; Mowbray et al., 2001; Manthey, et al., 2015)
Barriers to Maintained Enrollment
Endorsed by Students with MHC

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

(Gill, Mullen, Davis, & Salzer, in preparation)
Role of Cognitive Load & EF Skills

- EF skills are the foundation to manage complex, competing demands
- Cognitive load is determined by cognitive resources required
  - Greater cognitive resources needed, greater cognitive load
  - As working memory capacity exceeded, cognitive overload occurs
- Remaining cognitive resources insufficient to meet demands
  - (Pass et al., 2003; Sweller et al., 1998; van Merrienbower & Sweller, 2005; Sweller, 2011)
- Advanced EF skills reduce cognitive load and prevents cognitive overload
- Advanced EF skills assists students to manage competing demands
White Knuckle Effect Theory

• Alternate explanation for good grades & high attrition

• Without adequate EF skills, tremendous amount of personal effort to manage student expectations

• Cognitive overload leads to diminished performance and “white knuckling” it

• Results in pathways of “holding on” and “crashing & burning”
  • some make it through and complete semester
  • others “crash & burn”: incompletes, withdrawals, failures and/or poor grades

• GPAs are periodically impacted by “crash & burn”

• Periodic attrition used to recover
  • explains repeated attempt history
Modernizing Support For College Students with Mental Health Conditions
What is HYPE?

- **Aimed to reduce disruptions** and enhance academic persistence & performance

- **Career development approach** supports both education and employment supports by focusing on consistent & critical skills & supports
HYPE on Campus: COVID Pivot

- Imbedded at a college/university
- Graduate student internship model for HOC service provision
- Acts as a bridge between Disability, Counseling & Psychological, Career Services and other campus resources.
- Does not duplicate services but assists students to utilize services on campus more effectively.
- Assists in the coordination of services to enhance effective utilization and outcomes.
- Assists with finding/securing job/internships to promote career development.
- Develops executive functioning skills
- Matches service/intervention based on the functional implications of MHC and resource needs
HOC Model Design Elements

• Integration of generalized support and specialized services
  • Skill development, resource development, accommodations/AT education

• Generalized Support

• Specialized Coaching

• 12 session Cognitive Remediation Intervention

• Campus Coordination & Communication
Campus & Resource Coordination

- Counseling partners to enhance management & coping
- Disability providers to refine accommodations & assistive tech
- Academic supports to facilitate impact of tutors & workshops
- Career services to develop work experiences
- Any other identified partner of the student
Implementation Learnings

• Feasibility: (can we do it)
  • Formal internships make a difference (MSW vs OTs)
  • Title IX is a barrier to trauma-informed services
  • Recruitment during COVID posed new challenges
  • Technological challenges with OneDrive

• Acceptability: (do they like it)
  • LMS training platform was well-liked by interns and office supervisors
    • Everyone hated OneDrive
  • Interns & student participants liked HOC services
  • HOC may not be the best fit for certain Disability Service approaches

• Appropriateness: (does it fit a need)
  • Supervisors & student participants reported it filled the need & support gaps on campus
  • May be best offered along side/ in clinical services
What HOC student participants said:

• HOC WAS SOOOOO HELPFUL.
• I never wanted to cancel a meeting...and I always cancel meetings.
• I would do anything to help HYPE at my school. It saved me this semester.
• I didn’t feel spoken down to. I felt like it was a collaboration.
• My HOC provider held me accountable, but not by forcing me to do things, but because I wanted to do them bc we agreed we would.
• I told my HOC provider more than my therapist bc it was more helpful.
• I felt like they genuinely cared about me and what I was going through.
• My HOC provider understood what it meant to be a student.
• My HOC provider helped be to figure out how to better manage school.
• I now know how to manage my time & prioritize tasks.
• If I didn’t receive services, I know I wouldn’t have done as well as I did...I did well because of HOC.
• They were so flexible to find other times to meet, which was critical.
THANK YOU!!!

If you would like to bring HOC to your campus or if you have any comments, questions or thoughts, please reach out:

HYPE@umassmed.edu
White Knuckle Effect: Alternate Explanation

- Under-refined EF Skills
- Feelings of Stress
- Decreased Performance
- Increased Symptoms

Reduces ability of connecting to academic & mental health resources

- Increased Cognitive Load
- Cognitive Overload
- Feelings of Distress

Crash & Burn

Preventative Specialized Supports

Reactive Symptom-based Supports
CURRENT HYPE ON CAMPUS STUDIES

Implementation & Feasibility Lessons
HYPE-on-Campus Research Trial

Hybrid design: evaluation of implementation and clinical outcomes

1. Feasibility Pilot: Phase I
   • One academic semester of HOC: Spring 2021
   • How do we make this work on campus?
   • What needs to be modified/adapted to implement effectively?

2. Pilot Effectiveness Trail: Phase II
   • Fall 2021 - December 2022
   • Consent n=120; retain n=90
   • Randomized control trial
   • Fully powered: What are the student-level factors that influence attrition & retention?
     Does HOC impact any of these factors?
   • Evaluate effect size: Does HOC promote academic persistence & performance?
Feasibility Trial Specifics

• Site criteria: 4-year state school
  • 10 applications, 2 schools selected

• Site Preparation started in October 2020
  • One site with MSW (SUNY Binghamton), second with OTD interns
    • Site with OTD interns withdrew in January 2021 due to staffing
    • Binghamton expanded to 2 offices: Disability Services & Psych Clinic

• Cohort 1: Intern Training in Disability Services
  • October 2020 to April 2021
    • “Practice students” referred by Disability Services

• Open trial
  • January 2021 to May 2021
    • Additional 16 students served by 5 interns

• Cohort 2: Intern Training in Psychological Clinic
  • May through August 2021
    • Concurrent training and practice with continuing feasibility participants
Shauna MacEachern

- Shauna (she/her) is the Executive Director of Frayme, a national knowledge mobilization charity working to bring best evidence and knowledge to those implementing programs and services in the youth mental health sector. Shauna works to change systems and takes great joy in diving into complex and head-scratching transformative efforts.
Sustaining and Scaling

How to make it work

JUNE 22, 2022
Key Considerations

- Know your “core components” and have a shared vision
- Know who is ready for the change and who needs support
- Do a pre-mortem
- Find your champions and delegate roles
- Evaluate everything
- Don’t let perfect be the enemy of the good
- Change is hard but achievable
Implementation Stages

- Figure out the:
  - Core components and vision (the what)
  - Who is doing what (the who and the how)
  - How to try it and make it better
  - How to sustain

The National Implementation Research Network | NIRN (unc.edu)
The Who and How

**WHAT IS THE MARKER OF BEING IN INSTALLATION?**
A site is in installation once they have made a decision to move forward with a selected program or practice.

<table>
<thead>
<tr>
<th>INSTALLATION STAGE ACTIVITIES</th>
<th>In Continuous Improvement</th>
<th>In Progress</th>
<th>Not Yet Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Ensure the practice/program is clearly defined.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>12. Revisit implementation team membership to ensure needed perspectives.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>13. Ensure the implementation team has the appropriate knowledge, skills, functions and authority to support infrastructure development and improvement of the program/practice.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>14. Convene implementation team regularly to use data (e.g., fidelity, program/process, outcome) to critically examine and improve implementation.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>15. Develop plan for implementation:</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>• Develop selection protocols for practitioners.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>• Develop Training/Professional Learning Plans.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>• Develop coaching plans.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>• Develop data systems (what data, how data will be collected, used, and shared).</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>• Develop decision making criteria for success and scaling.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>16. Secure and develop infrastructure resources and supports needed for the program/practice.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>17. Select practitioners.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>18. Provide initial training for practitioners.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>19. Review and refine needed policies and procedures.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>20. Develop and use feedback loops between practitioners, leadership, community partners, and stakeholders to ensure effective communication.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
What we want to see

<table>
<thead>
<tr>
<th>INSTALLATION STAGE OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation team is functioning <strong>well</strong></td>
</tr>
<tr>
<td>Majority of practitioners are trained in the program/practice</td>
</tr>
<tr>
<td>Infrastructure is in place to support coaching to effectively develop competencies required to use the program/practice</td>
</tr>
<tr>
<td>Fidelity measure and criteria are established for the program/practice</td>
</tr>
<tr>
<td>Infrastructure is in place to collect, analyze, and use data (i.e., fidelity, program/process, outcome) to continuously improve use of the program or practice</td>
</tr>
<tr>
<td>Staff have access to data infrastructure and are equipped to use it</td>
</tr>
<tr>
<td>Policies and procedures to support use of the program/practice are in place and understood by practitioners, leaders, community partners, and stakeholders</td>
</tr>
<tr>
<td>Bi-directional communication is taking place among stakeholders including community partners, individuals and families, practitioners, supervisors and leaders</td>
</tr>
</tbody>
</table>

Pulled from NIRN Implementation Stages Planning Tool
Trying it Out

- There is a dedicated team/individuals who focus on implementing the change and coaching others
- Evaluation is happening and results are being reviewed
- Quality improvement happens in controlled and scoped ways so we know what makes a difference
- We understand the “North Star” over time
What is sustainability (really) in the context of complex system work?

Continuing to do something that you have identified as having value

- Program
- Model
- Partnership
- Agreement
- Knowledge mobilization

Success is the sum of small efforts, repeated day-in and day-out.
How can we set ourselves up for success in sustaining our efforts?

**Recognize and acknowledge the current context**

- What aspects of the work can be reasonably taken-up by users?
- Will it be useful to people?
- Will it achieve what you want it to achieve and what people need it to achieve?
- Do you have avenues to know how to make it better?
- Do you know how to let go of the pieces that are not valuable?

**Recognize and acknowledge what is required to sustain**

- What roles are required to support the work?
- What policies and procedures are needed to sustain the work?
- What are some barriers to sustaining the work (internally/externally)?
- What barriers can be eliminated or changed to facilitate the work?
Acknowledge reality of context and hold space for hope and celebration. Sustainability is still valid even if it’s small scale.
How do you keep it going?

**Leverage Enablers**
- Knowledge mobilization
- Quality improvement
- Partnerships

**Be Nimble**
- Sustaining something can still mean that it can change and should change

**Stay Reflective**
- What elements are needed to support the change - staff, leadership, organizational, sector, policy and how does this look over time?

**Give yourself permission and the power of “yet”**
What is the most important consideration to meaningfully engage youth when designing, developing, and implementing new programs to support youth?
Further explore key takeaways / lessons learned related to replicating programs?
Q&A

Please use the chat box or the “raise hand” feature to ask questions.
Contact

Holly Salazar,  CBHL CEO

hsalazar@leaders4health.org

www.leaders4health.org