OT on College Campuses: Emerging Models Facilitating Student Success Through Occupation

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OT ON COLLEGE CAMPUSES: EMERGING MODELS FACILITATING STUDENT SUCCESS THROUGH OCCUPATION

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Victoria Schindler, PhD, OTR, BCMH, FAOTA, Stockton University

Introduction to Supported Education

- Learning Objectives
  - History
  - Literature
  - Models of supported education

Effect of Psychiatric Illness on Higher Education

- Nearly 4.29 million US residents would have graduated from college if they had not experienced early-onset psychiatric illness.

Effect of Psychiatric Illness on Higher Education

- 37% withdrawal rate for the general student population
- 86% of students with mental illness withdraw from college before completing their degree

Salzer, Wick, & Rogers, 2008; Salzer, 2012

Need for Supported Education

- Public laws mandate the full inclusion of people with disabilities including psychiatric disabilities in educational settings
  - The Americans with Disabilities Act (ADA; U.S. Department of Justice, 2010)
  - Individuals with Disabilities Education Act (IDEA; U.S. Department of Education, 2006)
  - Rehabilitation Act (Special Education and Rehabilitation Services, 2014)
  - These laws ensure access and reasonable accommodations, but do not require the additional services needed to provide the full level of support necessary for success.

Need for Supported Education

- The limitations of the current levels of support generated the need for additional support.
- This need is being addressed through SUPPORTED EDUCATION
Supported Education (SEd)

• “The provision of individualized, practical support and instruction to assist people with psychiatric disabilities to achieve their educational goals.”


Supported Education

• Three Primary Models
  o Self-contained classrooms
  o On-site services
  o Mobile support services
  o Combined Models

Collins, Bybee, & Mowbray, 1998; Collins, Mowbray, & Bybee, 2000; Mowbray et al., 2005

Self-Contained Model

• Specialized curriculum
  o Academic skills
    ▶ Study skills
    ▶ Basic reading and writing
  o Increase confidence
  o Networking

Collins, Bybee, & Mowbray, 1998; Collins, Mowbray, & Bybee, 2000; Mowbray et al., 2005
On-Site Model

- Simultaneously attend college and receive supported education services
  - Individual counseling
  - Support group

Collins, Bybee, & Mowbray, 1998; Collins, Mowbray, & Bybee, 2000; Mowbray et al., 2005

Mobile Support Model

- CMHC staff travel to students to provide assistance at the educational setting
  - Ongoing support and monitoring
  - Academic tutoring
  - Case management
  - Crisis intervention
  - Advocacy
  - Link between student and college personnel

Collins, Bybee, & Mowbray, 1998; Collins, Mowbray, & Bybee, 2000; Mowbray et al., 2005

Literature on Supported Education

- A literature search on supported education located more than 100 articles, but only about 20% of these described program outcomes.
- A close look at the articles reveals that many different outcome measures are used. Schindler and Sauerwald (2013) documented 34 separate outcome measures (e.g., number of classes completed, number of semesters completed, employment following supported education, coping skills).
## A Historical Sample of Supported Education Outcomes by Authors who have dedicated time to SEd

<table>
<thead>
<tr>
<th>Author</th>
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## A Sample of Supported Education Outcomes by Authors who have dedicated time to SEd

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<tr>
<td>Rudnick, A., Gaver, M. (2009). Combined supported education with supported employment. <em>Psychiatric Services, 60</em>(12): 1400. doi: 10.1037/h00956573</td>
<td>Participants were able to maintain a job earning above min wage for 3 year after completing program</td>
</tr>
<tr>
<td>Thompson, C. J. (2013). Supported education as a mental health intervention. <em>Journal of Rural Mental Health, 37</em>(1), 25. <a href="http://dx.doi.org/10.1037/rmh0000003">http://dx.doi.org/10.1037/rmh0000003</a>.</td>
<td>25 participants reported assistance was essential in registration, tuition, and transportation</td>
</tr>
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## Occupational Therapy-based Supported Education Outcomes

<table>
<thead>
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<th>Outcome</th>
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<tbody>
<tr>
<td>Schindler, V. &amp; Sauerwald, C. (2013). Outcomes of 4-year Programs with Higher Education and Employment Goals for Individuals Diagnosed with Mental Illness to Work. <em>A Journal of Prevention, Assessment and Rehabilitation, 46</em>(3), 325-336. doi: 10.3233/WOR-121548</td>
<td>Participants enrolled in higher education increased from 3 to 19 (pretest = 15%, posttest = 25%), participants employed increased from 5 to 19 (pretest = 10%, posttest = 40%), and the combined category of higher education/employment increased from 12 to 30 (pretest = 25%, posttest = 45%)</td>
</tr>
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</table>
Expansion of Supported Education Beyond Traditional Mental Health Populations

- Students with Autism Spectrum Disorder diagnosed during their K-12 education, especially Asperger’s Disorder.
- A growing body of literature on supported education for these individuals


Systematic Reviews and their Conclusions


A systematic review of supported education literature from 1989-2009 (Rogers, et al., 2010) summarized research on the topic and found that there are very few well-controlled studies of supported education and numerous studies with minimal evaluation data and less rigorous designs. The authors concluded that although there is preliminary evidence that supported education can provide assistance and increase educational attainment of individuals diagnosed with mental illness, there are limited effectiveness data for supported education.


Supported education programs emphasizing goal setting, skill development, and cognitive training result in increased participation in educational pursuits.

Conclusions

- Meuser and Cook (2012), reflecting on the fact that more than 20 years have passed since the development of the first supported education programs, concluded that research on different approaches has produced encouraging results regarding school-related activity, but there remains little evidence that supported education programs are effective in helping individuals establish careers leading to personally meaningful work.
Contribution of OT

- With core concepts of occupational therapy interventions being client-centered and occupation based, occupational therapy can make a definite and unique contribution to supported education.

Mission Statement

Rooted in Jesuit ideals, the Doisy College of Health Sciences serves humanity through education, research and engagement.
Overview

- What is OTonCampus©?
- How did it start?
- Who are the key “players”?
- Who is served by the program?
- Typical services
- Sample Cases
- Recommended assessments
- Paying for services
- Opportunities on campus

What is OTonCampus©?

- College-based occupational therapy practice
- Focus on occupations of college students, goal oriented
- Collaborative
- Focus on transitions/life skills
- Resource for faculty, staff, and students

What is OTonCampus© NOT?

- Tutoring service
- Basic academic skills aka handwriting
- Psychotherapy
- Stuck in one location
- Diagnosis or problem-focused
How did OTonCampus® start?

- Teen Connection to Social Competency through OT Faculty Practice
- Limited assistance on campus to serve the needs of some students, especially those who have autism
- Strong need for students experiencing difficulty with transitions
- Resource for those who received support in high school.

Who are the “key players”?

- Occupational therapists!
- Psychologists
- Counselors
- Campus ministers
- Residence Hall personnel
- Faculty and Staff
- Student Coaches

SLU University Counseling Center

- Referrals from counselors for OT services
- Co-treatments, shared clients, and discharge to OT
- Some clients who have been “stuck” start to “move” once they get into OT
- Counselor in office, OT “takes it out on the metaphorical (or actual) road” for the DOING
Who is served by the program?
- Students who have documented disabilities
- Students who are experiencing anxiety and difficulty managing stress
- Students having difficulty with organizational skills
- Students who are having difficulty making friends
- Students who are struggling with self-advocacy
- Students having difficulty with transition to independence related to college experience

Typical services....
- Residence Hall “home evals”
- Organizational skills, organizing the day
- Exploring alternative strategies
- Life skill training
- Transition to college
- Dealing with stress/anxiety
- Making friends, knowing who is “safe”
- Self-advocacy
- Explore alternative supports (example: Accommodations/strategies)

Additional Offerings
Home Programs
- The Listening Program
- inTime

Group Programs
- HealthRhythms Protocol (wellness)
- Club-based short term groups for specific common goals- cooking, org skills, etc.
Sample Cases....

- Sidney: “always in therapy, always something wrong with me, here because I have always been here”
- Sandra: “can’t get organized…. I am frozen. I love to rock back and forth to calm myself down- never seen an OT”

More Sample Cases

- Bill: “got behind, missed class and then couldn’t face the teacher so I never went back”
- Fred: “I love that nobody tells me what to do. I play video games all night. Sometimes I forget to eat and do my class assignments”
- Vin: “having trouble making friends. High school was not like this…”

Recommended Assessments...

- Canadian Occupational Performance Measure (COPM)
- Social Responsiveness Scale (SRS-2) Adult Form
- Adolescent/Adult Sensory Profile
- Executive Function Performance Test (EFPT)
- Developmental Test of Visual Perception for Adults (DTVP-A)
Paying for Services

- Some covered by University Counseling Services
- If client has a documented diagnosis:
  - 97003 (Occupational Therapy Evaluation)
  - 97530 (Therapeutic Activities)
  - 97535 (Self-Care)

Opportunities on Campus

- Academic Success Center/Disability Office: customize accommodations to better fit students who need something different
- Crisis Intervention Team: restore routines, assist with coping strategies when suddenly disrupted by a crisis
- Consultations with faculty/staff dealing with challenging students

Summary

- Need for services does not end at high school graduation
- Difficulty with transition to higher level of independence/adulthood can lead to high levels of stress and anxiety
- Lots of opportunities for occupational therapists to help college students experience a better, more independent quality of life
Lifestyle Redesign® for the College Student

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Assistant Professor of Clinical Occupational Therapy
USC Division of Occupational Science & Occupational Therapy
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Program Description

- **Program**: Lifestyle Redesign® for the College Student provides individualized support and coaching throughout the year to help students manage the demands of college life.

- **Population**: Undergraduate and Graduate Students
  - Common diagnoses: ADHD, Depression, Anxiety, chronic health conditions, and various learning disabilities
  - Wellness / Prevention

Program Objectives

Help students to:

- Optimize study/work environments
- Increase organizational skills
- Improve time management
- Decrease procrastination
- Increase focus
- Learn techniques to handle stress
- Improve social connections
- Set appropriate goals
- Better manage chronic conditions
- Develop healthy eating & exercise habits
- Create a balanced lifestyle
Typical Process

• Initial Interview (Semi-structured)
  – Basic Information
  – Health Info/ Diagnosis/ Medication/ Accommodations
  – Time Management
  – Meaningful Occupations
  – Coping Skills
  – Environment
  – Energy
  – Focus
  – Learning/ Executive Functioning Skills
  – Strengths
• Goal Setting (Long & Short Term)
• Consistent Meetings

Typical Session

• Welcome & Check In
  – Rapport
  – Accountability
• Client Centered
• Occupation Centered
• Toolkit of Topics

"Tell me about the week? What went well?"
"How did it go with the goal we set last week?"
"What would you like to work on today?"

How does it work?

USC Occupational Therapy Faculty Practice

• Referrals:
  – Self-referral, Psychologist/ Psychiatrist, Primary care physician (Student Health)
• Payment:
  – Student Health Insurance (or other insurance)
  – 26 visits/year covered by Student Health
  – Co-pay or deductible applies
  – Private pay
### New Opportunities: Increasing OT Presence on Campus

- **USC Disability Services and Programs**
  - Case Conference
  - Documentation Review
  - Case Management
- **USC Kortschak Center for Learning & Creativity**
  - Academic Coach Training
  - Student Intakes
  - Workshop Development
- **Veteran Resource Center (VRC)**

### Strategies to Increase Awareness

- In-Services & Guest Lectures
- Wellness Workshops
- Stress Management Fairs
- OT on Call
- Campus Partnerships:
  - Counseling Center
  - Campus Fitness Center
  - Student Judicial Affairs & Community Standards
  - Residential Education
  - Orientation Programs

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Video

- L.I.F.E Program at University College Cork

Environment

- College campus & lived environment
- DSS office
- Library
- Coffee shop
- Gym
- Or other social spaces where occupations happen!

Number of Students Using OT Services

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Individual</td>
<td>13</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Group</td>
<td>6</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Workshop</td>
<td>23</td>
<td>12</td>
<td>119</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>22</td>
<td>156</td>
</tr>
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</table>
**OT Process**

- Referral
- Initial Assessment:
  - Interview
  - COPM
  - Goal Setting
- Intervention
- Outcomes: COPM, retention rates, group surveys
- Intervention tools:
  - WRAP, Leisure Interest Checklist, Adolescent/Adult Sensory Profile
  - Motivational Interviewing

**OT Process: Referral**

- Reasons for Referral

**COPM & Goal Setting**

Change in COPM Scores, n=26

- Change in COPM Scores, n=26
- Average increase in PERFORMANCE
- Average increase in SATISFACTION
OT Process: Intervention

Areas covered during session: (highest: time management, study skills, lifestyle balance, organization)

- September 2013 - March 2014
- June 2014 - December 2014

Personnel Providing Services

<table>
<thead>
<tr>
<th>Role</th>
<th>Hours and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 x Occupational Therapist</td>
<td>15 hours a week</td>
</tr>
<tr>
<td>2 x 3rd Year Placement Students</td>
<td>30 hours a week/10 weeks; End Sept-Start Dec</td>
</tr>
<tr>
<td>2 x 4th Year Placement Students</td>
<td>30 hours a week/10 weeks; Jan-March</td>
</tr>
<tr>
<td>1 x Senior Occupational Therapist</td>
<td>Mentorship and supervision weekly</td>
</tr>
</tbody>
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OT as Part of a Wellness Community

- Campus Collaborations:
  - Student organizations
  - Health promoting university initiative
  - Student counseling, student health, student welfare officer
  - Campus wellbeing coordinator
- Wellness events:
  - Disability Awareness Week
  - RAG week Mindfulness Marathon
  - Guinness World Record Attempt: Hula Hoop event to promote mental health awareness
Guinness World Record Attempt:

New Directions: Life Skills Module

- UCC4U- pilot life skills module for 2nd year students, hoping it will be a for credit module

OCCUPATIONAL THERAPY STUDENTS AS PEER PARTNERS ON CAMPUS: CHANGING SOCIAL CONTEXT

Lisa Crabtree, PhD, OTR/L
Associate Professor
Occupational Therapy & Occupational Science
Towson University
Institute for Well-Being

Occupational Therapy Center
Speech Language Hearing Center
Hussman Center for Adults with Autism
Wellness Center

Mission Statement

The Institute for Well-Being is an integral part of the College of Health Professions and supports excellence in applied educational experiences for students at Towson University. The Institute’s faculty and staff provide a wide range of professional and interprofessional opportunities that develop and evaluate best practices, promote professional development, facilitate research, and enhance the lives of community members through outreach programs.

Increased Prevalence of Autism
Issues for Adults with Autism

Communication
Initiating social interaction
Intimacy and social connectedness

Isolation

Student Issues

Organizing time
Task completion
Resource management

Balancing deep interests with other tasks

Classroom etiquette

“What disables people with autism… is the contextual barriers built around them”
BARRIERS =

Transformative Learning

• The process of revising one’s assumptions that in turn revises one’s thinking and action (Taylor, 2008)
• A response to an experience….that ‘forces us to relate it in a sharply different way’ (Daloz, 1999)
• Promotes autonomous, socially responsible thinkers, rather than those who uncritically act on the received ideas and judgment of others (Mesirow, 1997)

Inter-Professional Partnerships

Service Learning
Class projects
Research
Internships
Assessment

- Students on the autism spectrum
- Goal Attainment Scaling
- Transition Planning Inventory
- PATH Process

- Student peer mentors
  - Attitudes Towards people with Autism
  - Mentor Perceived Knowledge Assessment

Participant Feedback

- “Some of us communicate our thoughts with greater struggle than others, but we all have something to say. The true test of any program or organization aiming to support autistic people is the approval of the autistic people being served.”

- “To have an outlet to interact with people who have similar issues is great.”

Student Feedback

“I had an opportunity to learn a lot about autistic adults. Now I’m much more passionate about putting forth efforts to serve as an advocate for autistic people.”
Change in Knowledge

Change in Attitudes

Final Words

As a community of diverse individuals, we can all make a difference in how young adults on the autism spectrum feel accepted, included, and supported.

Each of us can assist them in leading productive and fulfilling lives as integrated members within their communities.
Facilitating Success in College for Undergraduate Students with ASD, LD, and Mental Health Diagnoses

Occupational Therapy Program
Stockton University
Victoria P. Schindler, PhD, OTR, BCMH, FAOTA

Agenda

• Course Description
• Course Format
• Outcomes
• Student Experiences

Description of Program/Course
Description

• Supported Education Program / Credit-bearing Course (Skills for Success Course)
• Conducted within OT program at Stockton University
• Purpose: Assist Stockton University students diagnosed with Learning Disabilities, Autism-Spectrum Disorders, and Mental Health Diagnoses to be successful at Stockton or to develop an alternative, meaningful plan.

Description

• Began in 2005
• Currently in the 10th YEAR
• Participant enrollment
  o Transition
    □ Community participants
    □ Stockton students

Description

• FALL and SPRING Semesters
  o Tuesdays and Thursdays – 2:30 – 4:20pm
  o 2 or 4 credit course; meets 8 credits of graduation requirements
  o Payment: Incorporated into flat rate tuition if student is full-time
  o 21 mentoring spots per semester
• Dual Program
  o 2nd Year Master’s Level Occupational Therapy Students
    □ Research Curriculum
    □ Mental Health Fieldwork
  o Undergraduate Students
    □ General Studies course (can meet two requirements)
    □ Continuation
Referral and Enrollment

- Referral Process
  - Stockton Learning Access Program
  - Stockton website
  - Word of mouth
- Enrollment Process
  - Interview with student and parents
  - Syllabus
  - FERPA; allows for continual interaction with parents as needed

Course Format

- Mentoring
- Assignments

Mentoring

- Mentoring - One-to-one mentoring pairs occupational therapy student mentors with undergraduate students and is focused on developing and achieving participant identified goals.
Mentoring
• Begins with an Assessment
  o Canadian Occupational Performance Measure
    (Law et al., 2005)
  o Identify Strengths and Areas of Need
• Setting Goals
  o Typically 3 Long Term Goals
  o Achievable in 14 weeks
• Systematic Work Toward Goals

Mentoring
• Supervised process
• Documentation

Goals
• Educational Goals:
  1. Time Management and Organization of Assignments
  2. Academic Skills
    1. Study Skills
    2. Writing Skills
    3. Presentation Skills
  3. Social Comfort and Skills with Professors, Administrators and Staff, and Peers
Goals

• Vocational Goals:
• Secondary to Higher Ed Goals (Part-time job search, resume, applications)
• Healthy Living Goals (as they are necessary for Higher Ed goals):
  o Healthy Eating, Leisure and Recreation, Social Relationships

Interventions

• Time Management and Organization
• Academic Skills
• Social Aspects of College Life

• Initial and Weekly Interventions

Skills for Success

Course ASSIGNMENTS
1. Academic Skills – written papers
2. Paired assignment – academic resources
3. Attendance
4. Weekly Preparation for Mentoring Form
5. Professional Behaviors Form
Outcomes

• Number of Semesters in the Program
  o Range 1-7 semesters
    - Includes full-time, part-time, transfer students
  o Mean: 2.48 semesters
OUTCOMES - Mentees

• COPM results
• Achievement of Goals
• GPA
• Retention rate
• Graduation Rate

Outcomes - Mentors

• Student Comfort Scale
• Mental Illness Disability Understanding Scale (MIDUS)

Characteristics Impacting Success

• Cognitive
  ○ Time Management and Org, Study Skills, Reading Skills, Writing Skills
  ○ Ability to adapt to varying structure, demand, and format between courses
  ○ Manageable course load
• Psychological
  ○ Mental Health Symptoms
  ○ Self-confidence and self-esteem
• Social
  ○ Interact with Professors, Peers, Small Groups
  ○ Residential and Campus Life
  ○ Supports
• Behavioral
  ○ Internal vs. External Motivation
  ○ Openness to Feedback
  ○ Willingness to Follow Direction
  ○ Life Circumstances
Thank you for your attention!

Questions?

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References


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