

Student Mental Health in the California Community College System

Santa Monica College's Adoption of the *At-Risk* Gatekeeper Training Simulation

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Betsy Sheldon
Specialist, Mental Health Services
California Community Colleges Chancellor's Office
Student Services and Special Programs, DSPS
email: bsheldon@cccco.edu

Glenn Albright, Ph.D.
Clinical Psychologist
Director of Applied Research
Kognito Interactive
glenn@kognito.com

Brenda Johnson Benson
Dean, Counseling and Retention
Santa Monica College
Email: benson_brenda@smc.edu

Sandra Lyons Rowe, Ph.D.
Coordinator, Psychological Services
Santa Monica College
1900 Pico Blvd
310.434.4440
rowe_sandra@smc.edu

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Agenda

- Overview: Mental Health Initiatives of CCCCCO
- At-Risk Gatekeeper Training Simulation
 - Learning approach and content
 - Results from study at 72 institutions
- Implementation of *At-Risk* Training at Santa Monica College:
 - Crisis Prevention Team
 - Psychological Services
 - Adoption of At-Risk
- California Community College Pilot of *At-Risk*
- Questions & Answers

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College Students and Mental Health

American College Health Assessment (2007)

- The rate of students diagnosed with depression has increased 56% in the last 6 years
- 45% of surveyed students reported feeling so depressed at times that they had trouble functioning (of these, 32% report never having received a depression diagnosis)
- 33% of students identify stress and 16 % identify depression or anxiety disorder as factors that effect academic performance

Jed Foundation (2005)

- The second leading cause of death for college students is suicide
- Most of the students who commit suicide were not in mental health treatment at the time

National College Depression Partnership (NCDP)

- Significant numbers of depressed students refuse formal counseling – male student in particular
- High levels dropout of counseling even if begin counseling or treatment

Mental Health Studies in CA's Higher Ed System

- UCOP conducted a study of it's mental health services in 2008
- CSU Chancellor conducted a study in 2009, released report in May 2010
- Gail Conrad from San Diego CCD completed a study on the CCC mental health system CCC students
- Based on the National Survey of Counseling Center Directors (NSCCD) – study done on 4 year colleges and universities for 28 years
- Four questions:
 - What supports and services were students with psychological disabilities receiving on the California Community College campus?
 - Were services for students with psychological disabilities in California Community Colleges comparable to services for students with psychological disabilities in the four-year institutions in the United States?
 - What services did administrators, faculty or staff think were needed on the college campus to support students with psychological disabilities?
 - What recommendations for practice should be implemented by the California Community College campuses in order to provide effective mental health services?
- HSACCC conducts annual survey that includes MH information
 - Colleges participate in ACHA survey
- MHWA exploring data collection effort to describe what mental health in the CCCs looks like

Some Findings

- CCC are seeing more students with more severe psychological problems and more often already on medications for these problems
- The majority of the colleges revealed that they were dealing with student hospitalizations; about 25% with suicides
- While only 17% of the colleges participated in Depression Screening days, they culminated in an average of 57% of those students screened being referred for treatment
- Campuses are concerned about referring off campus but most don't have formal policies or MOUs with county mental health
- More training has occurred since Virginia Tech as has re-design or develop a Crisis Management Team
- Other issues:
 - Not all campuses have health services, let alone MH services
 - Variance between campuses
 - Health service fee is \$17/ semester and is discretionary

Mental Health Services Act & Chancellor's Office

- The Mental Health Services Act (aka MHSA, and Proposition 63) was passed by voters in November 2004
- The Mental Health Services Act, or MHSA, also known as Proposition 63, was enacted by voters in November 2004
- Transformation of the public mental health system in California
- 1% tax on taxable income in excess of \$1 million
- Major components and allowable activities (as defined in law):
 - Community program planning
 - Community services and supports (CSS)
 - Capital Facilities and Information Technology
 - Education and Training Programs
 - Prevention and Early Intervention Programs (PEI)
 - Innovative Programs

Mental Health Services Act & Chancellor's Office

- MOU with DMH for CCCCCO resulted from a BCP developed in 2008.
- CCCCCO one of 14 state agency partnerships that assists in implementation efforts of MHSA
- CCCCCO's MOU supports position and convening of an Advisory Committee to address mental health issues of CCC students and support colleges
 - Membership includes representatives from the colleges, HSACCC, MHWA, CSSOs, CAPED, county mental health, EOPs, statewide mental health organizations (NAMI, CA Network, REMHDCO), the student and academic senate, veteran's agencies and family advocates
 - Quarterly meetings – 4 meetings to date, next 1/11
- <http://tiny.cc/cccco-mentalhealth>

Partnering with Kognito – how did we get here?

At-Risk Suicide Prevention Gatekeeper Training for faculty (Kognito)

- Participated in Penn State Altoona webinar (February 2010).
- CCCCCO hosted a meeting with Kognito in March 2010 to discuss partnerships
- Two CCCs are already in the process of using this training (Pasadena City and Santa Monica College)
- Kognito will present at upcoming statewide conference for higher education and disability services (CAPED)

Solution: Kognito's At-Risk Simulation

at-risk
Training Sim Series



University Faculty



University Students



High School Educators



Families of Veterans 2011/Q1

At-Risk Simulations:

- Web-based
- Practice talking with student avatars
- User tracking and assessment

University Faculty Version:

- 50+ universities
- SPRC Best Practices
- National Assessment Study at 72 schools

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Unique Learning Approach

Human Interaction Training Platform

- Creates simulated conversations based on research in **learning theories**, **motivational interviewing** and **neuroscience**.
- Creates a virtual environment where learners can **engage in conversations** with realistic fully animated characters that possess emotions and memory.
- Virtual coach gives **personalized feedback** to enhance skills transfer



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Learning Objectives

Learning objectives derived from best practices allowing faculty and staff to:

1. Learn to recognize the common signs of psychological distress
2. Approach students with greater skill and confidence
3. Effectively refer students to the campus counseling center
4. Learn about their own college specific counseling center and referral process

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Learning Experience



1. Assume the role of a faculty member who is concerned about five of his students, three of whom are at-risk and need to be referred.
2. Analyze profiles of the five virtual students.
3. Engage in simulated conversations with the ones you suspect are at-risk and, if necessary, refer them to the campus counseling center.
4. Training is complete once you successfully identify and refer the three at-risk students.

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Step 1. The Classroom



Symptoms exhibited correlate to the most common and most severe psychological illnesses among young adults:

1. Alcohol/Substance Abuse
2. Bipolar Disorder
3. Borderline Personality Disorder
4. Depression
5. Eating Disorders
6. Panic Disorder
7. Post Traumatic Stress Disorder
8. Schizophrenia
9. Social Phobia

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Step 1. The Classroom



Users assume the role of a faculty member named Professor Hampton, who is concerned about five of his students, three of which are at-risk for mental distress and need to be referred

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Step 2. Examine Student Profiles

Alberto Salazar

Academics Behavior Appearance

Grades

Assignment 1	Group Presentation	Midterm	Assignment 2	Group Project
X	C+	D		

Cumulative Grade: D

Participation

good
ok
poor

late absent X

2 4 6 8 10 12
week of class

Professor's Comments

Alberto emailed me two days after the first assignment was due, asking for an extension, but he still hasn't turned it in. He did very badly on the midterm.

Professor's Comments

Alberto has several unexcused absences. When he does show up for class, he's usually late and looks like he just dragged himself out of bed - even though the class starts at 1:30. He often falls asleep in class or doesn't seem like he's listening.

Close Profile FLAG Talk to Student

Users can click on any student for more information, such as (1) his academics (grades, participation, attendance)...

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Step 2. Examine Student Profiles

Alberto Salazar

Academics Behavior Appearance

WEEK 4

Seems apathetic

I asked when he was going to turn in the first assignment. He said, "It doesn't matter. I'm going to flunk out of school anyway." I told him there was still a chance for him to pass, but he just shrugged and left.

ONGOING

Doesn't pay attention in class.

He often falls asleep in class. But even when he's awake, he just sits there doodling skulls, knives, or what looks like medieval weaponry in his notebook.

Close Profile FLAG Talk to Student

(2) any troubling behaviors Prof. Hampton has noticed

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Step 2. Examine Student Profiles



(3) and his physical appearance.
They can then decide whether they want to "Talk to Student"

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Step 3. Simulated Conversation



User controls the conversation by choosing what topic(s) to discuss and what specific things to say or ask. Each conversation takes 5-7 minutes to complete

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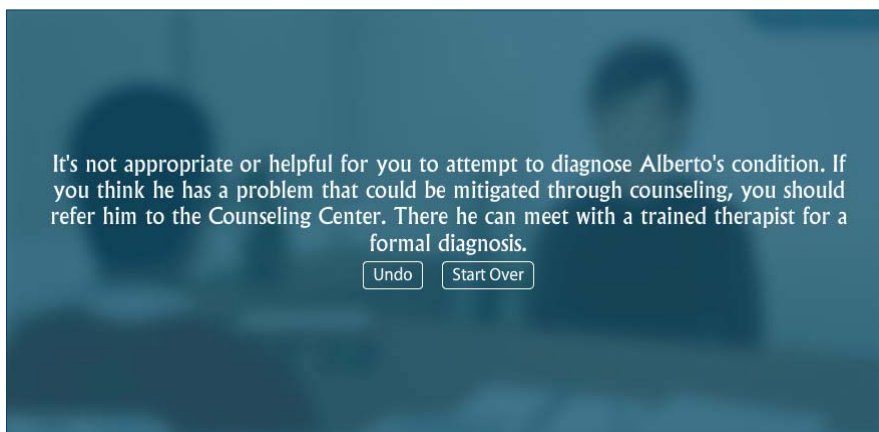
Step 3. Simulated Conversation



Users receive encouragement and constructive criticism on their decisions from a coach and the virtual student's responses and body language

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Step 3. Simulated Conversation



Critical errors by the user leads to immediate corrective feedback as well as the opportunity to undo and correct their behavior.

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Summary Feedback

Conversation Feedback

Alberto was very sarcastic and aggressive at the beginning of the conversation. However, he eventually opened up to you and may have confided that he's had thoughts of suicide.

Here are some useful strategies:

1) **When in doubt, talk to the student.**
It's easy to let students like Alberto slip by, since they're not being disruptive in class. However, by speaking with him, you found out he's actually been having serious issues.

Keep in mind that it's never a bad idea to ask a student how he's doing, especially when he's missed assignments and been doing poorly in class. You never know when there could be something more serious going on, and most students will appreciate that you took the time to speak with them.

continue ▶

Student Profile

Undos

Conversation Log

Upon concluding each conversation, users receive narrated and animated feedback, which includes an analysis of the student and a review of their symptoms in class and in conversation.

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Access to Demo

Link to Demo of At-Risk for Faculty:
www.kognito.com/atrisk



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Preliminary Results from an Empirical Study

Five Colleges in the Northeast. Will be submitted for peer-review.

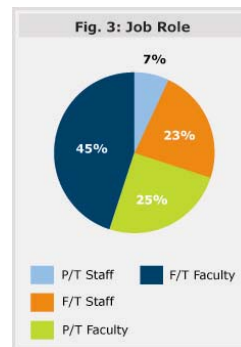
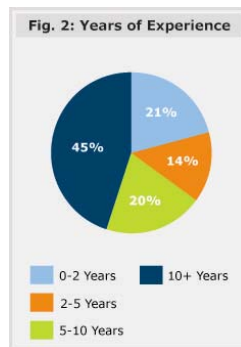
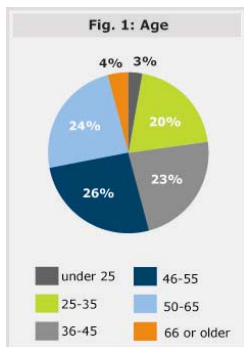
Preliminary Results show significant increase in comparison to the control group in:

- Faculty recognition that they are **responsible for talking** to students about academic and behavioral concerns and make a referral
- Increased likelihood to **approach a student** who is experiencing problems in their class
- (Approaching significance) Faculty ability to **effectively manage the communication** with students and make the “right” decision in terms of how to approach the student and whether to make a referral.

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National Study

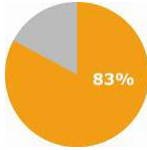
Study at 72 universities between May – December 2009:



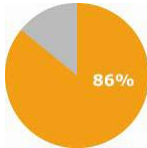
91% said they had at least one student in their class who concerned them

Efficacy Results (1)

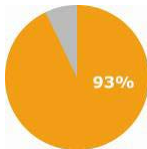
Changes in Perception and Motivation



83% reported an increased **awareness** that identifying and referring students is part of their role



86% reported increase in the **likelihood** that they will approach and refer students



93% were easily convinced to take the training

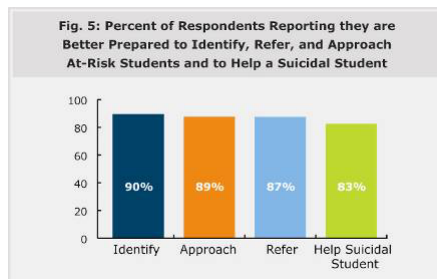
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Efficacy Results (2)

Changes in Knowledge and Skill

89% reported they are **better prepared** to identify, approach and refer students in mental distress

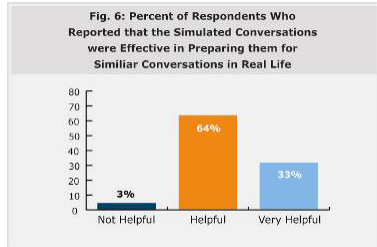
83% reported they are more confident in their ability to help a **suicidal student**.



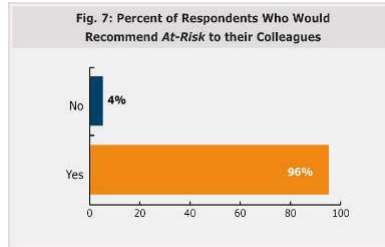
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Efficacy Results (3)

Effectiveness of Instructional Approach



97% reported the simulated conversations were **realistic** representations of conversations they had with at-risk students.



96% would **recommend At-Risk** to their colleagues

Download Complete Report at:

www.kognito.com/atrisk/research.html

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Santa Monica College: Crisis Prevention Team

- Formed in 2007 in the wake of Virginia Tech
- Two Primary Purposes:
 - Intervention of specific student cases
 - Prevention through training
- Training:
 - Institutional and Departmental Presentations
 - At Risk!

Santa Monica College: Psychological Services

- **Trends we are seeing:**
 - Increase in chronic and serious mental health concerns
 - Increase demand for services
- **Resources**
- **Observations and Responses:**
 - Change in service delivery model
 - Training needs

Santa Monica College: Adopting At-Risk

- **Free Trial for HSI's**
- **Purchased 100 licenses in 2010-11 for faculty leaders** (Dept Chairs., Program Leaders, etc.):
 - Initial kickoff with classroom style presentation to SMC faculty and staff during fall Professional Development Day
- **Expand Participation in 2011-12**
- **Creative Financing:**
 - Counseling Discretionary Budget
 - Increased Health Fees
- **Concluding Remarks**
 - Enjoyable, Informative, Efficient and Practical

CCC At-Risk Pilot

- October 21 through November 16
- Each CCC campus receives an account and licenses for 20 individual users
- Sign up at www.kognito.com/atrisk/versions.html
- Questions: contact Jennifer Spiegler by email or phone
- Jennifer@kognito.com or 212-675-9234

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Questions and Answers

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Specialist, Mental Health Services
California Community Colleges Chancellor's Office Student
Services and Special Programs, DSPS
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