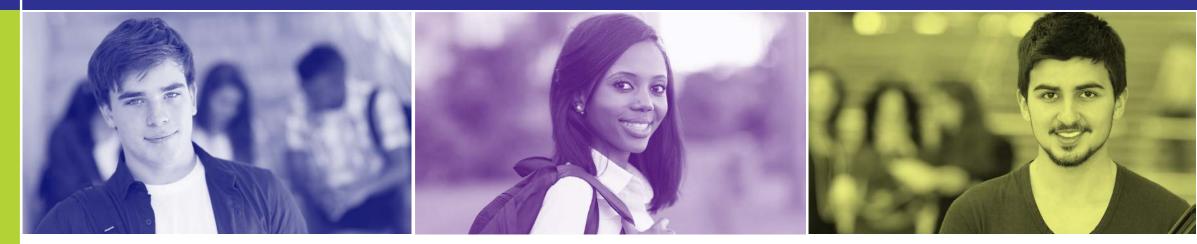


Project FUTURES



Findings from a Near-Peer Coaching Intervention for College Students with Foster Care Backgrounds and Mental Health Challenges Jennifer Blakeslee, Ph.D., MSW Becky Miller, M.S.Ed

Portland State University School of Social Work

September 18, 2019 NRC-FAHE Webinar



Agenda for today



- Jennifer Blakeslee is FUTURES PI
- Model development and implementation
- Preliminary quantitative analysis of intervention impact
- Lessons learned for future research/practice with this population



- Becky Miller was the GRA and is now Project Manager
- Qualitative findings exploring student perspectives of mental health experiences and foster care backgrounds
- Participant recommendations to improve mental health supports
- Implications to inform campus-based programming



Based on the **My Life** model for older youth in foster care -- weekly coaching by program staff to increase youth self-determination skills

(Powers, Geenen, Powers, et al., 2012; Geenen, Powers, Powers, et al., 2013)

Better Futures was tested next (N=67):

- High school youth in care / MH challenges / interest in post-secondary
- Near-peer coaching by undergrads with shared lived FC/MH experience
- Bi-monthly, pared-down My Life curriculum (focused on education/career/MH)
- Significant gains on measures of self-determination, post-secondary participation and preparation, hope, and mental health empowerment

(Geenen, Powers, Phillips, et al. 2014; Phillips, Powers, Geenen et al., 2015)



Project FUTURES implementation

- Same near-peer coaching as Better Futures, but for students already **enrolled in first two years of post-secondary education** at PSU and community colleges
- Ages 18-26, with **foster care experience** (recruited through DHS/ILP) and selfidentified **mental health stressors**
- Coaches have shared lived experience in FC/MH, 4-day training and weekly supervision, mix of undergrads (junior/senior) and grad students
- Coaching for one academic year, with monthly group workshops, focus on academic/career success and managing mental health
- Local Campus Champions network trained faculty/staff who volunteer to be a supportive "point person" in various campus departments



Research Questions

Do FUTURES participants make significant gains, and show significant differences from the control group participants, on post-intervention measures of:

Self-determination:

- Self-Determination Scale (Sheldon & Deci, 1996)
- AIR Self-Determination Scale (Wolman, Campeau, Dubois, et al., 1994)

Self-efficacy:

- Career Decision Self-Efficacy-Short Form (Betz, Klein, & Taylor, 1996)
- Youth Efficacy and Empowerment Scale-MH (Walker & Powers, 2007)

Academic outcomes: Post-secondary retention, GPA, credits earned

Well-being: *Quality of Life Questionnaire* (Schalock, & Keith, 1993), *Social Provisions Scale* (Cutrona & Russell, 1987), *Brief Symptom Inventory* (Derogatis & Spencer, 1982)



Methods

- RESEARCH & TRAINING CENTER FOR PATHWAYS TO POSITIVE FUTURES
- Assessment at baseline in the fall (Time 1, N=66), the following spring (Time 2, n=46), and subsequent fall term (Time 3, n=39)
- Mean age=20.16, 73% female, 32% LGBTQ, 49% non-white/mixed race, 21% Hispanic
- There were no statistically significant baseline differences between the treatment and control groups on study parameters
- We tested for mean differences over time
 - Treatment group gains over time (T1 vs. T2, T1 vs. T3)
 - Intervention effects (Treatment vs. Control at T2 and T3)



No significant self-determination findings (AIR or SDS) (there is one trend-level post-intervention finding for a brief SD scale we piloted)

Career Decision Self-Efficacy (CDSE)

- Coached group made significant gains T1 to T2 (p<.000) with a large effect size (Cohen's *d*=.855), maintained at T3
- Intervention effect at T2 (p=.027), with a medium effect size (Cohen's d=. 674), group differences are maintained at T3
- Significant effect for subscales for *self-appraisal, planning, problem-solving* (not sig. for *occupational info, goal selection*)



Intervention effect on the **YEES-MH** overall score favoring the treatment group compared to the control group at Time 2 (p=.017)

- Medium effect size (Cohen's *d* = . 733)
- Effect seems to be focused on Services subscale (e.g., When a service or support is not working for me, I take steps to get it changed)
- Trend-level (p=.055) for Self subscale (e.g., I know how to take care of my mental or emotional health)
- No group differences at T3

No findings for mental health symptoms, social support, quality of life



Academic Outcomes

No significant findings for **college retention** or **credits earned**

GPA:

- No effect when comparing Time 1 vs. Time 2
- Intervention effect at **Time 3** (p=.024)
 - Large effect size (Cohen's d = 1.046)
 - Intervention GPA = 3.12 vs. Control GPA = 2.56
 - May change with full Time 3 sample
- Self-reported, but students were asked to check their transcript



Limitations/Lessons learned

- Recruitment and retention challenges
 - Started just with PSU, branched out to community colleges
 - Initial assessment packet was overly long, very college-specific
 - Different developmental stage, busier/more independent/focused
- Coaching challenges (not enough "distance")
 - Very-near-peers we were often "coaching the coach"
 - Lesson learned to use grad students (or just more life experience)
- Surprised not to have self-determination findings in the mix
- Findings to be submitted to a journal soon aligned w/qual findings...



Qualitative sub-study

- Sub-study exploring student perspectives of MH experiences and foster care backgrounds in the college context
- Helped us understand what support students are using, especially around mental health, and perceived challenges and successes
- Useful insight into students' foster care identity on campus, and ways in which that identity is supported (or not supported)
- Student recommendations around supporting and integrating mental health, foster care, and student identities on campus



Qualitative Methods

- Interviews: Conducted 18 interviews with FUTURES students who were coached at PSU, PCC, MHCC
- **Demographics:** 72% female, 78% identified as non-white or mixed race, and 28% identified as LGBTQIA
- Analysis: Conducted Thematic Analysis, first coding inductively at the semantic level, then organizing codes into themes and then reviewing themes for report development



Throughout the interviews, descriptions of mental health and stress were often intertwined with the foster care experience.

- Feelings of Otherness
 - Feeling *"different"*, *"weird"*, or like they *"don't fit"*
 - General lack of knowledge about foster care experience on campus

"The majority of the professors don't understand..."

• Difficulty sharing life story/wrestling with identity on campus

THEME: The Foster Care Experience (cont.)

- Stacking Stressors
 - Mental health stress, academic stress, and social stress were all connected and hard to separate.
 - Compounded problems including past trauma or foster carerelated issues, with new academic expectations
 - ...college itself is very stressful, and then [not having] help to manage health stresses...
- Self-reliance
 - Often described as a default, necessity or mindset
 - ...you don't tend to rely on others to...make your experience better
 - Used when resources failed to connect "you're on your own"

THEME: Institutional and Social Supports

- Importance of Trusted Supports and Resources
 - Extremely important to student success and feelings of well-being
 - Came up as campus supports like Trio, Future Connect, instructors, or student resource people
 - ...sometimes it's a lot easier to get through things when you ask for help, even if it seems like you don't fit
 - Off-campus mental health support and foster care support systems also mentioned
- Importance of Mental Health Resources and Accommodations
 - Counselors/therapists, on campus and in community
 - ...I think if we had more of that verbal, 'I'm totally here to support you'... I think that we would be more inclined to strive...
 - Need for a variety of mental health options like groups, accommodations, instructors, classroom support, and self-care.



Recommendations to Improve Foster Student Services

- Increased general MH resources like low-barrier talk support, text support, and crisis support, and additional counselors who understand the foster care experience
 - ...so [people] can help no matter if they have been a foster youth or not
- Improved understanding of the foster care experience/training for campus faculty/staff
 - ...I guess that'd make me feel more comfortable if professors the first day are like, 'Hey...I know a lot of you have mental health problems, and you can come talk to me'
- Student panels (*"space to talk about our experiences"*) and services where *"people don't have to search so hard"*



Conclusion/Implications

- Our findings tell us that a students' foster care identity needs to be supported on campus with specific services and connections to varied mental health services
- Self-determination is one piece of the puzzle the other is post-secondary institutions meeting students where they are
- Important to connect with campus success initiatives to share our findings
- These findings will be submitted as a manuscript soon

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- Any questions about the findings?
- Thoughts about the implications for programming?
- Have you had similar findings or experiences with campus-based programming for this population?

Feel free to contact us with questions or feedback!

- About the program model Becky Miller (<u>ramiller@pdx.edu</u>)
- About the research Jennifer Blakeslee (jblakes@pdx.edu)



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