“WHAT I MEANT TO SAY WAS…”

USING TECHNOLOGY TO CREATE VIRTUAL PRACTICE ENVIRONMENTS TO PREPARE FOR TOUGH CONVERSATIONS WITH STUDENTS IN CRISIS

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Challenges resident staff face in having difficult conversations with study abroad students while on site

- Little or no background in counseling
- Professional plate spinner
- Time to develop trusting relationships?
Challenges continued…

- Pulling the info out of students despite resistance
- Comfort level in discussing “taboo” subjects, directly
- English language proficiency and linguistic subtext
What I planned to say… and what happened.
No magic “take-back” button (except for 30 seconds in Gmail)
Experience is a hard teacher. She gives the test first and the lessons afterwards.

- UNKNOWN
“Albright thought that the right conversational training program could help people help those around them. ‘You're talking about 40 percent of college students reporting systems of depression where they say it's interfering with their functioning,’ Albright says.”

https://www.npr.org/sections/health-shots/2017/01/21/510285728/can-an-online-game-help-you-learn-to-help-struggling-friends
Using Technology to Create Virtual Practice Environments to Prepare for Tough Conversations with Students in Crisis

Dr. Glenn Albright, Co-Founder and Director of Research
Agenda

- Adolescent Mental Health
- Gatekeepers
- Kognito’s Role
- Learning Model Driving Simulations
- Demo
- CIEE Pilot Study
- Results
- Conclusion
Global Adolescent Mental Health (World Health Organization, 2014)

- Depression - number 1 cause of illness and disability
- Suicide - ranks number 3 among causes of death
- 50% who develop mental disorders have first symptoms by the age of 14
- Receiving mental health care can prevent deaths and suffering throughout life.
Age-standardized suicide rates (per 100 000 population), both sexes, 2015

Suicide rate (per 100 000 population)
- <5.0
- 5.0–9.9
- 10.0–14.9
- ≥15.0

Data not applicable

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
US University/College Statistics – Healthy Minds Study (2017)

32% - Diagnosable mental illness
  - 9% major depression
  - 6% anxiety disorder
  - 5% panic disorder
  - 15% self injuring without thoughts of suicide

21% of students between 18-21 have substance use disorder

1,110 student suicides per year (3 per day)

60% of students do not seek help
Consequences of Poor Student Mental Health

Increases in:
- Absenteeism
- Dropout rate
- Procrastination
- Social Withdrawal
- Despair

Decreases in:
- Studying/Social Functions
- GPA
- Campus Safety
- Speaking positively about institution
- Graduation
Gatekeeper

An individual who can:

• Identify person manifesting signs of psychological distress (including depression and suicidal ideation)

• Approach and talk with that person about concerns

• Make effective referrals to mental health support services
How Prepared are we. We surveyed 65,177 Faculty, Staff, and Students in 100+ Colleges and Universities (same for K12)

Results from September 2017 Are Campuses Ready to Support Students in Distress? Co-authored by Kognito and JED

50%+ not adequately prepared to recognize when a student is exhibiting signs of psychological distress including depression, anxiety, and thoughts of Suicide

60%+ not adequately prepared to approach at-risk students to discuss their concern

At least half don’t feel adequately prepared to recommend mental health support services to students

95% identify role as faculty, staff, or student to connect students experiencing psychological distress with mental health support services (95% of faculty/staff and 87% of undergraduate students)
Gatekeeper Training Modalities

- Handouts (flyers, brochures, etc)
- Lecture/Didactic Content/PowerPoints
- Story-Based Approach
- Modeling
- Role-Play Conversations

Role-play is most effective – This is where new and innovative simulation technology holds great promise
Kognito is a health and behavioral health simulation company that creates role-play simulations that **prepare people to effectively manage real-life conversations**.

In the simulations, users build conversation skills by practicing evidenced-based communication strategies.

The approach integrates the **science of learning**, the **art of conversation**, and the power of **gaming technology**.
**Healthcare**

- At-Risk in Primary Care*
- At-Risk in the ED
- At-Risk in Primary Care: Adolescents
- SBI Skills Assessment
- SBI with Adolescents

**K-12**

- At-Risk for High School Educators (NREPP)
  - At-Risk for Middle School*
  - At-Risk for Elementary School*
- Step in, Speak Up! supporting LGBTQ youth*
- Friend-2-Friend High School
- Transitions: Supporting Military Children

**Higher Education**

- At-Risk for Faculty & Staff* (NREPP)
- At-Risk for Students*
- Veterans on Campus for Faculty & Staff
- Veterans on Campus: Peer Program
- LGBTQ on Campus for Faculty & Staff
- LGBTQ on Campus for Students

**Veterans and Service Members**

- Family of Heroes*
- Together Strong
- Veterans on Campus for Faculty & Staff
- Veterans on Campus: Peer Program
- Transitions: Supporting Military Children

*Listed in National Registry of Evidence Based Programs and Practices*
LEARNING MODEL
Why Virtual Humans

Instructional Benefits:
- Safe to self-disclose, experiment
- Increase in engagement, openness
- Decrease in transference reactions
- Decrease social evaluative threat

Other benefits:
- Supports multiple languages
- Personalization of experience
- Reach geographically dispersed areas
- Reduce costs of updates
- “Choose your Avatar” option
- Mobile Applications
Gatekeeper Conversations Are Hard

Rapid judgments, large amounts of information synthesized at once or faced with imminent threat

Slower, rule-governed deliberation

To manage challenging conversations the cognitive system needs to monitor & regulate emotional system....practice
Learning Model Components

Integrates several evidence-based models, tactics, game mechanics, and learning principles integral to structuring conversations that lead to measurable change.

**Key models and tactics**
- Motivational interviewing
- Mentalization
- Shared decision-making
- Emotional self-regulation
- Empathy / empathic accuracy
- Reappraisal strategy

**Key learning principles**
- Hands-on-practice
- Self-directed (DIY) approach
- Contextual learning
- Personalized feedback
- Storytelling
- Case-based approach
Demo
Methodology (N= 20 & 22)

1. Pre-Training Survey – 11-item Validated Gatekeeper Behavior Scale (GBS)
   - Preparedness (5 items)
   - Likelihood (2 items)
   - Self-Efficacy (4 items)

   **Gatekeeper Behaviors** (3 Items) – Number of Students:
   - Concerned about due to psychological distress
     - Discussed concerns with
     - Referred to appropriate services

2. Completed either At-Risk for Faculty and Staff or At-Risk for High School Educators

3. Post Training Survey (GBS and demographics)

4. Three Month Follow-up Survey – GBS and Gatekeeper Behavior Items
### CIEE FACULTY UNIVERSITY - DEMOGRAPHICS (N=20)

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>16</td>
<td>80.0</td>
</tr>
<tr>
<td>M</td>
<td>4</td>
<td>20.0</td>
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<tr>
<td><strong>Race</strong></td>
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<td></td>
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<td>White, non-Hispanic</td>
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<td>55.0</td>
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<tr>
<td>Hispanic</td>
<td>5</td>
<td>25.0</td>
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<tr>
<td>Asian</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Primary Role</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Faculty</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Administrator</td>
<td>13</td>
<td>65.0</td>
</tr>
<tr>
<td>Other (e.g., Program Coordinator)</td>
<td>5</td>
<td>25.0</td>
</tr>
</tbody>
</table>

Age: $M = 38.45$, $SD = 12.42$
Years in Education: $M = 12.00$, $SD = 11.01$

### CIEE HIGH SCHOOL - DEMOGRAPHICS (N=22)

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>72.7</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>27.3</td>
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<tr>
<td><strong>Race</strong></td>
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<td></td>
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<tr>
<td>White, non-Hispanic</td>
<td>14</td>
<td>63.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6</td>
<td>27.3</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Multiple Ethnicities</td>
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<td>4.5</td>
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<td><strong>Primary Role</strong></td>
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<tr>
<td>Teacher</td>
<td>2</td>
<td>9.1</td>
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<tr>
<td>School Administrator</td>
<td>7</td>
<td>31.8</td>
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<tr>
<td>Program Evaluator</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Administrative Assistant / Clerical</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>Academic Advisor</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Other (Program Coordinator, Student Assistance)</td>
<td>8</td>
<td>36.4</td>
</tr>
</tbody>
</table>

Age: $M = 41.32$, $SD = 12.12$
Years in Education: $M = 11.44$, $SD = 11.54$
Satisfaction Measures

Overall, how would you rate the At-Risk course?

University
100% rated it Good, Very Good, or Excellent

High School
100% rated it Good, Very Good, or Excellent

Would you recommend the At-Risk course to your colleagues?

University
95% responded yes

High School
95.5% responded yes
**Preparedness** (significant at p < .001)

How would you rate your preparedness to...

**University**
- Recognize student behavior as a sign of distress
- Recognize student appearance as a sign of distress
- Discuss concerns of distress
- Motivate a student to seek help
- Recommend mental health support services

**High School**
- Composite Preparedness

**Graphs**
- Pre-test vs. Post-test Mean Score
  - University: Increasing trend from 3.3 to 4.2
  - High School: Increasing trend from 3.2 to 4.0
Confidence (significant at p < .001)

I feel confident...

- Discussing my concerns with a student showing signs of distress
- Recommending mental health services to students showing signs
- I know where to refer a student for mental health support
- In my people to help a suicidal student seek help
Confidence (significant at p < .001)

I feel confident...

University

- Discussing my concerns with a student showing signs of distress
- Recommending mental health services to students showing signs
- I know where to refer a student for mental health support
- In my ability to help a suicidal student seek help

High School

- Composite Preparedness

Time

Mean Score

Pre-test

Post-test
Confidence (significant at p < .001)

Level of confidence and skill in having difficult conversations with American students in mental health/emotional crisis, in English.

If you rated yourself fair or poor, why?

10 responses combined: lack of experience with mental health issues

- Composite Preparedness
## 3-Month Follow-up: Helping Behaviors

<table>
<thead>
<tr>
<th>Statement</th>
<th>UNIVERSITY (agree or strongly agree)</th>
<th>HIGH SCHOOL (agree or strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of taking this course, there has been an increase in the number of...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students that I recognized as exhibiting signs of psychological distress.</td>
<td>83%</td>
<td>67%</td>
</tr>
<tr>
<td>Students that I approached to discuss my concern about their psychological distress.</td>
<td>83%</td>
<td>67%</td>
</tr>
<tr>
<td>Students that I referred for mental health support services.</td>
<td>83%</td>
<td>50%</td>
</tr>
<tr>
<td>Conversations I have had with other adults in my school community regarding students I am concerned about.</td>
<td>60%</td>
<td>83%</td>
</tr>
</tbody>
</table>
Thank you!
CIEE HS&S Components – Setting the Stage

- Embedded On-Site Staff
- HSS Standard Operating Procedures
- Annual and On-Going Training
- Emergency Action Plan & Response
- Sexual Assault Guidelines
- Alert System (Echo)

- 3 Full-time HS&S / Risk Management Professionals
- 24/7 Daily Support to Study Abroad Staff
- Assessment & Analysis
- iJET Intel/Evac Provider
- Incident Management Database
- Psychological Advisor
- OSAC Member / PULSE Member
- Best Practices: Forum/NAFSA/PULSE
The Challenge of Training a Worldwide Staff

- Student locations and density as of July 20th, 2017.
Capturing Incident Data to include Mental Health

- All Study Centers have a Custom HSS Report in the IMD
- Incorporated into HSS orientations and EAPRs.
- Data driven risk assessments and briefings.
- Mental Health incidents recorded.
CIEE Mental Health by Semester

CIEE Mental Health (2015-2017)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Incident Count</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-Fall</td>
<td>13</td>
<td>0.43%</td>
</tr>
<tr>
<td>2016-Spring</td>
<td>20</td>
<td>0.45%</td>
</tr>
<tr>
<td>2016-Summer</td>
<td>18</td>
<td>0.37%</td>
</tr>
<tr>
<td>2016-Fall</td>
<td>49</td>
<td>1.43%</td>
</tr>
<tr>
<td>2017-Spring</td>
<td>46</td>
<td>0.96%</td>
</tr>
<tr>
<td>2017-Summer</td>
<td>31</td>
<td>0.53%</td>
</tr>
<tr>
<td>2017-Fall</td>
<td>37</td>
<td>1.09%</td>
</tr>
</tbody>
</table>

Note: The graph shows the incidence count and rate per semester from 2015-Fall to 2017-Fall.
CIEE Mental Health by Month

Mental Health (2016 vs 2017)

Month

JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC

Count

What we have been doing: Online HSS Training
What we have been doing (continued)

• Enhanced Incident Management Database reporting
• Full statistical analysis available to on-site staff
• HSS SOP online training (Canvas)
• Enhanced Health Screening Documents (Lodestone Safety)
• Mental Health First-Aid (only in-person training available)
• CIEE has submitted all HSS 2016 data to the Forum CID
• Annual University HSS Reports (shows Emotional Distress Cases)
• Training with Psychological Advisor during worldwide conferences
• At-risk student identification training trial (Kognito)
From the Field: Center Staff Experience

- Zein Nsheiwat – Center Director, CIEE
  Amman, Jordan

[Map of Middle East with Skype logo]
Q&A: Questions?

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