# Supported Education

## 3.5.4 Supported Education at the Hanze University Groningen: the Impuls Course

1. Collaborating Organizations

The Supported Education Center of Expertise was officially launched in Groningen in November 2010 at the Hanze University Groningen (University of Applied Sciences). This Center of Expertise is a partnership between the Research and Innovation Center for Rehabilitation of the Hanze University Groningen and Rehabilitatie '92 in Utrecht. The Center of Expertise also works closely together with mental health institutions such as Lentis, GGz Drenthe, Promens Care, Accare youth psychiatry, Elker youth care and GGz Friesland, with community colleges such as the Alfa College and the Menso Alting College, and with social benefit agencies such as the UWV.

The Center of Expertise develops products and services for, and gives information to, students, clients, family members, teachers and social workers about studying with a psychiatric disability. One of the products/services is the career guidance course Impuls.

2. History of the Program

In 1999, the career guidance course named Impulse was developed at the community college ROC Zadkine in Rotterdam, as part of the first Supported Education project in the Netherlands. The Impuls course is aimed at helping people with a psychiatric disability to choose and get regular (vocational) education. The Supported Education Center of Expertise modified the Rotterdam Impulse course and in 2009 the first Impulse course started in Groningen.

3. Philosophy, Mission, Principles and Values

*Philosophy*

The Impuls course focuses on the support (in groups) of young adults with psychiatric disabilities in choosing and getting a regular (vocational) education. The course is based on the Individual Rehabilitation Approach. This approach is in turn based on the psychiatric rehabilitation approach of the Center for Psychiatric Rehabilitation of the University of Boston (Korevaar, 2005; Unger, 1998), and has the goal of helping people with psychiatric

disabilities from a client perspective in taking up their self-chosen citizen role. That role can be related to one of four areas of life: living, working, learning and socializing.

The Impuls course is derived from “Supported Education,” a program that is developed by the Center for Psychiatric Rehabilitation of the University of Boston for the life area of learning.

Also the concept of “Recovery” is related to Supported Education. Recovery can be seen as an individual process in which a person learns to live with the radical consequences of a psychiatric disability and can give meaning again to life (Korevaar, 2005).

Supported Education shows that participation in regular education can contribute to (social) recovery and as such can give an impulse to personal growth and meaning.

*Mission*

The mission of the Impuls course is:

“The support (in groups) of young adults with psychiatric disabilities in choosing and getting regular education.”

*Basic Principles of Supported Education*

- The primary focus of Supported Education is on improving the competencies of persons with psychiatric disabilities.
- The benefits of Supported Education for the clients are behavioral improvements in their educational environments of need.
- Supported Education is eclectic in the use of a variety of techniques.
- A central focus of Supported Education is on improving educational outcome for persons with psychiatric disabilities.
- Hope is an essential ingredient of the Supported Education process.
- The deliberate increase in client dependency can lead to an eventual increase in the client’s independent functioning.
- Active involvement of clients in their Supported Education process is desirable.
- The two fundamental interventions of Supported Education are the development of client skills and the development of environmental support.
- Long-term drug treatment is an often necessary but rarely sufficient component of a Supported Education intervention.

(Reprinted and adapted to Supported Education from: Anthony et al. (2002). Psychiatric Rehabilitation. Boston, MA: Center for Psychiatric Rehabilitation, Boston University.)

*Values*

The values are as follows (Anthony et al., 2002):

- Person orientation
- Functioning
- Support
- Environmental specificity
- Involvement
- Choice
- Outcome orientation
- Hope

Each of these values is reflected in Supported Education practices.

The value of person orientation underscores the importance of personalizing the relationship with potential students, seeing each as unique. The value of functioning is evidenced in SEd by the practical skills taught to help someone complete a course; or to teach someone how to respond to negative feedback instead of delving into the root cause of his/her low self-esteem. The value of support is similar: providing practical assistance as long as needed. The need for a morning phone call on the day of an exam may decline over the semester, while the need for an inspirational pep talk may be ongoing.

Environmental specificity reminds us that people differ in their level of functioning across settings. Supported Education assessment should focus on the educational skills and support needed in the school environment, recognizing that the same person who can excell in a math class may have difficulty living on his/her own. A case in point is the Supported Education doctoral student who could barely stay out of the hospital for longer than two weeks yet all the while was completing her Ph.D. dissertation in chemistry at Harvard.

The fifth value, involvement, is self-explanatory, but crucial; the student must be an active participant who drives the rehabilitation process. She or he is the one to set goals, evaluate progress toward those goals, and, with assistance, take responsibility for the many choices that present themselves throughout the Supported Education process. In accordance with this philosophy, SEd embraces the value of choice. When students choose their own school/classes/course of study, they are much more likely to strive to succeed. Shedding the role of patient to take responsibility for choices and decision-making is terrifying. The shift from “patient” to “student” is a powerful one, fraught with the fear of failure, and for many, the equally terrifying fear of success. Yet it is critical that Supported Education be conducted with students, and not to students (Anthony et al., 2002). As in all rehabilitation interventions, students must be “active and courageous participants in their own rehabilitation” (Deegan, 1988, p. 12).

Outcome orientation is the seventh value espoused by psychiatric rehabilitation, and speaks of the importance of assessing not only a student’s grades or attendance, but his/her satisfaction with the entire experience. Finally, belief in growth underscores the importance of hope in the process of returning to school.

Hope has long been recognized as an essential ingredient in rehabilitation, psychotherapy and recovery processes (Anthony et al., 1990, 2002; Deegan, 1988; Frank, 1981). Education

in and of itself creates hope; using the intellect creates hope; attending classes on a college campus with other students creates hope; the adoption of the role of student creates hope. Following is a table summarizing the values of psychiatric rehabilitation with examples from an educational setting.

## 4. Participants

The Impuls course is accessible for people of 16 years of age and older, who are (ex-)clients of mental health care and want support with choosing and getting (again) a regular (vocational) education and who do not yet know which study they want to pursue and/or doubt their study competencies.

## 5. Services/Activities

The young adults (hereafter called “participants”) follow the course at a location of a regular educational organization, together with other participants with psychiatric disabilities. The curriculum is fixed and all participants within one group receive the same teaching. During the course, the participants make use of the available facilities at the educational organization. After the Impulse course, the participants can go to a study of their choice and further support is taken care of.

The goal of the career guidance course is to help participants with choosing and getting a (vocational) education. The course also helps with the orientation to, and use of, educational facilities and with gaining educational experience and rhythm.

The course takes place at a location of a regular educational organization from January until April. During that period, there are 12 teaching days (one per week) that last 5.5 hours.

The career guidance course includes the phases of choosing and getting, preceded by a phase of recruitment and selection:

A. Recruitment and selection:

- recruitment

B. Setting an educational goal

- describing educational opportunities
- identifying personal criteria
- choosing an educational goal

C. Getting and preparing for a study of one’s own choice

- organizing the registration
- mapping and practicing critical competencies
- mapping and organizing critical resources

Ad. A: Recruitment and selection

In order to recruit the participants for the career guidance course, an information brochure for possible participants and an information brochure for referrers have been composed. These information brochures are sent to, for example, mental health institutions, social benefit agencies, employment agencies, business associations and reintegration agencies.

The career guidance course is aimed at young adults from 16 years of age and older, who receive treatment, or have received treatment because of psychiatric problems and who are interested in going to school in the near future. These young adults do not (exactly) know what they want and what the educational opportunities are; they have difficulties with making choices in this area; or doubt their study competencies. For these reasons, they need support in the form of a career guidance course.

These young adults can be pointed toward the Impuls course by a mental health institution, yet they need to register themselves personally. When institutions register these young adults, they are requested to ask the young adult to do this himself/herself. A basic principle of Supported Education is that people with psychiatric disabilities work on their own needs and goals and not on those of others (e.g. social workers, social benefit employees and family members).

Ad. B: Setting an educational goal

During the first part of the course, a list with studies in which the participant is interested is composed. Books and brochures that the teachers have collected can be used with this activity. Further information is gathered by attending open-door days of colleges and universities. After a list with possible options has been made, a second list is composed that contains personal criteria that the participant considers important for choosing a study: for instance, whether an education is directly focused on work or not. Subsequently, these two lists are put together and the education that most fulfills the personal criteria of the participant is chosen. Then an educational goal can be set when the participant wants to go to a particular study at a particular school. An example of such a goal is: “In September 2015 I want to start at the Alfa College in Groningen.”

Ad. C. Getting and preparing for a study of one’s own choice

After the educational goal has been set, a plan is made in which it is written what needs to be done in order to be able to start with the study. One has to register at the particular school or university and sometimes one needs to work on getting financial support from a social benefit agency. When one is eligible for financial support, one has to apply for a student grant.

In the second part of the course, two other things that need to be considered before starting with a study are worked on. These are skills and support. During the course, one explores which skills are critical to start and maintain a study. These do not include the skills one is taught during the study, yet they include skills one is not taught there. These skills can vary

from person to person. For instance, one participant has difficulties with planning his homework and another finds it hard to give a presentation in front of his classmates. However, it could also be a skill that is not directly linked to achievement at school: for instance, talking to a classmate in the canteen or getting up on time in the morning. Important skills can be practiced.

As far as support is concerned, roughly the same procedure is followed. One explores what kind of support is critical in order to study successfully and it is ensured that this kind of support is actually available. This support can be given by a person, but also things, activities and places can be important. For instance, one could think of a person who helps with homework or with a bicycle to come to school, a relaxation exercise or a room to which one can go and relax a bit for a while. Although the necessary skills and support are different for all participants, they are discussed in the group. Consequently, students can help each other and practice together. To summarize, during the career guidance course the participants work on four things:

-choosing a study,

-arranging things in order to be able to start with the study (registration, finances,

permission, etc.)

- listing and practicing critical skills

- listing and organizing critical support

*Portfolio*

The participant collects all the theory of the course and all of his assignments in a portfolio. A portfolio is a map in which the participant describes what he is working on and which development he is going through. The portfolio can be taken to the intake/interview for the new study. Often the enrollment officer of a study appreciates this, as a portfolio gives a good impression of the wishes, qualities and learning points of the participant.

*Homework*

After each course day, the participants have to do homework. This way, they can take even more out of the course and also practice important study competencies.

In 12 weeks all of the above is addressed in the following topics:

1. - identifying personal interests and possibilities
2. - researching educational environments
3. - setting an educational goal
4. - listing own (central) qualities
5. - learning information about learning styles and working in groups

6. - learning personal (study) skills

7. - learning communication skills

8. - determining and practicing personal learning goals

9. - organizing the support needed with getting and

10. - keeping the study of one's own choice

Case 1

Karen is a woman of 27 years of age. She was diagnosed with ADHD when she was 19 and she quitted her Social Work study at a university of applied sciences. She became severely depressed and went to day treatment for a couple of years. She got medication that helped her a lot and that she still uses. Three years ago she started working as a volunteer at a day activity center for people with psychiatric problems. Her mental health practitioner pointed her toward the career guidance course Impulse at the Hanze University of Groningen. Karen requested an information and intake brochure and she was called for an interview. She got accepted and started the course. At the beginning of the course she was very impatient and became annoyed by the slow pace of the course. Through discussing these problems with one of her teachers and doing the exercises she discovered that she had difficulties with organizing her thoughts. This is why she often goes too fast. Through the course, she learned to think about her future wishes in a very detailed and concrete way. About the course she said: "Because you are forced to go and explore the educational possibilities, you get a clear view of the different studies and their locations. Comparing several options makes clear which study most fits your own preferences and possibilities." She also said that through the course, her self-confidence and self-esteem were enhanced. Eventually, she chose to start again with her Social Work study, but part-time. She has already started studying again.

*Supervision within the course*

The participants of the course are not there as a patient/client, but as a student. Within that structure, one can work with the questions, needs and educational preferences of the participants. The structure of the program is meant to give some grip on that. The inflow of students is (as far as background and educational experience are concerned) very diverse. This requires a very flexible attitude from the teacher (and the participants) towards the content and pace of the program. It is important that the underlying structure of the program – exploring, choosing, getting and keeping– remains present!

Participants often have the following expectation of the course: "I will hear which study suits me." Therefore it is important from the start, but certainly also during the course, to mention briefly that the participants have to take action themselves in order to obtain a positive result.

The course is given by a permanent teacher who monitors the mainstream of the program: helping with choosing and getting a study. This teacher is educated in the Individual Rehabilitation Approach at expert level at least and is specialized in Supported Education. He receives assistance from a co-teacher who is expert by experience and who has been a participant of the Impulse course himself. The co-teacher teaches several parts of the course, supervises the group process and assists with activities in subgroups. He also

teaches a few theme lessons individually, such as time management, stress and coping and group processes. Most activities take place in the entire group. Participants receive an introduction to a certain theme and have to elaborate this theme individually or in a subgroup through an assignment. Afterwards, the assignment is discussed with the entire group. The teachers are available to support the individual participants with the assignments.

At the start of the course, a mentor/teacher is assigned to each participant. During individual coaching, participants can discuss what is difficult for them during the course, but they can also discuss what goes well. Often, themes such as current expectations about a study, self-esteem, the support one experiences or whether the supervision is in line with one's personal needs are discussed. Also, more personal themes can be discussed: for instance, how to adapt a difficult situation at home into your new study or how to cope with changing from being a client into being a student. The individual coaching often takes place during breaks or at the end of the day.

Case 2

Peter is a young man of 26 years of age. During his higher general secondary education he experienced his first psychotic episode. Several times he has been hospitalized for several months. He was diagnosed with schizophrenia. After his last hospitalization he remained in day treatment for two years. He lives with his parents and sister. He finished his higher general secondary education, but after his graduation he did not move on to another type of education. His case manager told him about the Impulse course. He enrolled, got accepted and finished the course. After he finished, he said that the course helped him to gain insight into his preferences and possibilities. He thinks his choice of study is the right one: a three-year-long full-time education in information technology. He is happy with the Impuls course: "Without Impuls I don't think I would have started with a new study." Besides the support he gets within the project, he receives a lot of support from his parents, friends he was in treatment with and from a fellow student on the Impulse course.

## 6. Evaluation (Experiences and Results)

After each course, the course is evaluated using an evaluation form and a group interview. The evaluations of the first four Impuls courses (41 participants) show the following image:

Personalia (n = 41)

- 23 men; 18 women
- Ages ranged between 17 and 37 years
- Living conditions: living alone, living together, living with family, assisted living, living at a crisis department of a clinic or in a therapeutic setting
- Pre-education: varying from secondary school to university (2 years)
- Great diversity in diagnoses
- Contact with mental health care: 1–16 years
- 70% use psychotropic medication

Of the 41 participants, 27 successfully completed the course (= 61%). A total of 22 of these 27 participants have formulated a goal (21 have set an educational goal; one participant decided to get a job). Five participants have not made a choice (yet).

Nineteen of the 21 who have set an educational goal have started with a regular study. The outflow to regular studies is very diverse and individually determined, despite the fact that the course is being delivered in a group. There are no indications that the choice is (co-) determined by the group or other group members. The studies that the participants chose are:

- Higher general secondary education (HAVO; 2x)

At community college level:

- Beautician
- Training to become a nursing aid
- Training to become a cook
- Social pedagogical work

At the level of university of applied sciences:

- Medical laboratory assistant (2x)
- Physiotherapy
- Human resource management
- Applied psychology
- Law
- Business management
- Social work
- Medical imaging and radio therapeutic techniques
- Animal management
- Hotel management school

Reasons to quit:

The 14 participants who quitted the Impuls course prematurely mentioned the following reasons:

- One participant started an individual rehabilitation trajectory and subsequently went to the REA college (a school for young people with a psychiatric disability)
- One participant will soon start with an individual rehabilitation trajectory
- One participant started an education during the course (outdoors)
- One participant has made a choice for a particular study during the course and left the course early (after the eighth meeting)
- One participant was not able to follow the course completely because of physical and psychiatric problems (he was off and on present, and did not make a choice for an education)
- Nine students stopped without making a choice (three after the first meeting and the other six after four to six meetings

## 7. Success Factors

Based on the opinions expressed in the interviews, ten essential determinants for successful Supported Education programs were formulated. Eight determine success and two determine risk.

*Determinants of success*

A. Psychiatric rehabilitation technology as the connecting link

The five practices show that it is possible to have organizations with widely differing missions, cultures and employees cooperate in a common Supported Education initiative. For a large part this can be attributed to the unifying properties of psychiatric rehabilitation. In this approach the focus is on students with psychiatric disabilities realizing their education goals. Support is aimed at functioning well in the student roll. This mission creates a bridge between mental health and education.

B. Joining expertise in mental health and education

In four of the five initiatives professionals in mental health and education work closely together, mental health professionals share their knowledge of rehabilitation and approaching metal illness and their colleagues in education share their pedagogical expertise. This results in mutual inspiration and increases commitment.

C. Educating staff

In order to work together efficiently a shared frame of reference for professionals from the fields of education and mental health is required, in this case the technology of psychiatric rehabilitation. Usually the mental health professionals were educated in psychiatric rehabilitation, but the education professionals not necessarily. The former thought it important for the latter to be trained in the field of psychiatric rehabilitation to facilitate cooperation.

A shared frame of reference for the Supported Education team is offered by a detailed manual. In this respect the experiences of a group approach to psychiatric rehabilitation in so-called IPRT (Intensive Psychiatric Rehabilitation Treatment) centers in New York state can be useful (Buccifero et al., 1991a, 1991b; Grossman & Owens, 1994; Lamberti et al., 1998).

D. Commitment of staff and management

In all good practices the commitment of staff is mentioned as a determinant of success. This commitment should be safeguarded by management. That was not the case with all initiatives. When management commitment is insufficient an initiative may get stuck at the project level because of lacking finances and too little effort to acquire them.

E. Short lines of communication and informal contacts

Short lines of communication and informal contacts bring flexibility to a Supported Education project and facilitate cooperation. Although it helps when prior to implementation mental health and education staff have been working together, this is not a requirement.

Short lines and informal contacts can be achieved more easily when a project is situated in a relatively small division of a community college. Not only can staff profit from a small scale, but participants too can appreciate a safe and small building.

F. Learnability of the organization

For long-term success it is important that an organization is able to learn from its experiences. According to the INK model of quality care, learnability is an important characteristic of an organization (Van de Lindt et al., 2002). It fits in the values of psychiatric rehabilitation to have input from participants when setting up a Supported Education initiative. In four of these five practices this sort of input was lacking (it was only evident in Apeldoorn/Deventer in public relations). However, courses, group meetings and individual support were thoroughly evaluated and adapted when necessary. In this respect it can be said that the practices had learnability.

G. Admission policy

In all five practices admission was limited. Most participants were referred by mental health professionals. Referrals from school were fewer (except in Rotterdam). The project proved unable to attract students that might be interested. To a degree this can be explained by the fact that students with hidden psychiatric problems are not easily identified. Wider publicity could possibly lead to higher participation.

H. Customization

Participants consider a Supported Education project successful when it caters to their individual needs, or put differently, when it is customized. Classroom support or group support can be helpful for shaping one's point of view, enhances mutual recognition and enables one to put one's problems in perspective. Of all the Supported Education elements, however, individual counseling is valued most by the participants. For that reason several practices decided to offer individual counseling during classroom or group activities such as choosing and getting an education environment. Participants consider it a big drawback when there is no individual counseling available.

## 8. Risk Factors

A. Financing

All five good practices have problems with financing. Not one succeeded in procuring long-term financial security. They depend on temporary grant subsidies to individual participants and payments by participants. The most stable source of income is the national health insurance. Payment is only made, however, when a participant is officially diagnosed with mental illness. Students with relatively mild mental problems are often reluctant to seek such a diagnosis with the stigma attached. The financial aspect makes Supported Education less

accessible for students with relatively mild psychiatric problems. An obvious source of finance for classroom support in choosing and getting an educational environment would be the regular national education budget. For organizational reasons this doesn't work, however. A possible temporary way out can be found in means earmarked to prevent dropout. Besides the national health insurance and the national education budget, local means could be used. Unfortunately this is complicated by a lack of transparency. Clear and up-to-date financial guidelines would therefore be useful.

### B. Timing of courses

Courses at community colleges start at the beginning of the academic calendar. Graduates of an introductory Supported Education course find it disappointing when they have to wait for their elected studies to begin. Most community colleges don't offer the possibility of starting studies at a time preferred by the student. It is therefore important to ensure that an introductory Supported Education course ends not long before follow-up studies start.

Supported Education offers counseling in which psychiatric rehabilitation is applied in the life domain of education. When students graduate the process ends. At that moment in most cases the search for a job begins. Without ongoing support this can be very hard for graduates with serious mental disabilities. It is remarkable that none of the good practices have tried to connect Supported Education to the life domain of work. A logical next step, therefore, would be to extend the Supported Education model with a stage in which graduates are assisted in finding work.

## 9. Future

The support of young adults with psychiatric disabilities is becoming a more and more relevant theme in the Netherlands, and linked to this, also Supported Education as an intervention. This can be concluded from a very recent report from the Board of Health about the “Participation of youth with psychiatric problems” (Gezondheidsraad, juli 2014). The Board of Health recommends investing in the development and application of Supported Education in education. The knowledge base of this rehabilitation method, which is based on the Individual Rehabilitation Approach, is still relatively small, but since the inability of educational professionals to provide adequate educational support to young adults with psychiatric problems is large, the Board considers a recommendation for further development justified. The government should stimulate this through pilot testing, accompanied by effectiveness research (Gezondheidsraad, 2014, pp. 64–65).