

Episode 20: Interview with Sue Reeves

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Speakers: Alex Schiwal, Tatiana Perilla, Sue Reeves

Tatiana Perilla 00:08

Hello, everyone. Thanks for joining us on the MHDD Crossroads podcast. Today I am joined by Sue Reeves, who is a licensed vocational rehabilitation counselor and the Program Director of Aggies Elevated at Utah State University. Sue, as we start, would you mind giving our listeners an overview of what Aggies Elevated is and what your job as the Program Director consists of?

Sue Reeves 00:34

Sure. Aggies Elevated is a two-year inclusive certificate program at Utah State for students with intellectual disabilities. They come to campus, live in the dorms, are included in every aspect of campus life, and get additional supports beyond what they could get from the Disability Resource Center to be successful. They get 10 hours a week of a peer mentor's time. The Aggies Elevated Academic Coordinator helps make sure they have enough support in the form of tutors, etc. We just help them along. As the Program Director, I'm responsible for oversight of every aspect of the program.

Tatiana Perilla 01:23

Thanks for explaining that. I think you did a better job explaining what it is than I would have. Can you share a little bit about your professional background and how you made it to your current role and into this field in general?

Sue Reeves 01:36

Sure. In 2013, I was working as the PR Specialist at the Center for Persons with Disabilities and got roped into a fundraising event where my task was to create a vision for what a program like Aggies Elevated could become at USU. I went to this fundraising event and had created brochures and posters and things like that. I listened to USU faculty talking about what keeps them awake at night: Young adults with intellectual disabilities sitting on their parents' couches, playing video games, because they can't get a job. They can't go to school, they can't participate in anything. And [I] totally drank the Kool Aid, if I'm allowed to say that. The event was in October of 2014 and by January of 2015 I had enrolled in the Master Rehabilitation Counseling

Program at USU. And by August of 2014, we had students on campus. The fundraising event was a success, to say the least. I worked with the program from the very beginning, although I didn't really realize it was going to be a program. I did my required internship for the MRC with Aggies Elevated. In 2015, when we received federal funding to expand the program, I became the full time Career Success Coordinator. Then in the fall of 2018, I became the Program Director. It's been a whirlwind.

Tatiana Perilla 03:36

Thank you. In the past, you and I have talked a bit about how a lot of jobs in the helping profession are misunderstood, such as who can offer therapy. Do you mind explaining what vocational rehabilitation counseling is and what rehabilitation counselors do?

Sue Reeves 03:57

Sure. I like to go back to the scope of practice statement that the Commission on Rehabilitation Counselor Certification has on its website. Essentially, rehabilitation counseling is a systematic process which assist persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. So, that's what it is and that's what we do.

Tatiana Perilla 04:36

Thank you. Yeah, so that's a perfect degree to have gotten and then become the Program Director of Aggies Elevated. They go very well together.

Sue Reeves 04:44

They do go well together.

Tatiana Perilla 04:46

I know, for example with social work, if you have your bachelor's in social work or your master's there are drastically different roles that you can fill. Is it the same way with rehabilitation counseling?

Sue Reeves 04:57

It is, and it depends what state you're in and what agency you're with. If you are with Vocational Rehabilitation the entity, like USOR in Utah, Utah State Office of Rehabilitation... In Utah, it's more case management and making sure the clients get the services that they need to be able to get a job. And providing things like job coaching and services like that. In other states, rehabilitation counselors are eligible to become licensed professional counselors, which means they can provide counseling to the general population with that focus on disability.

Because we have that specialized training in disability. The CRCC (Commission on Rehabilitation Counselor Certification) Scope of Practice also says that we are able to do all of those things. The Code of Ethics then says, if you've had the specialized education and training to provide, for example, diagnosis or things like that.

Tatiana Perilla 06:28

Thank you. So, you are familiar with transition.

Sue Reeves 06:35

I am.

Tatiana Perilla 06:36

From my understanding, especially with Aggies Elevated.

Sue Reeves 06:39

Yes.

Tatiana Perilla 06:39

Do you mind talking about what some of the challenges are that people with disabilities might face when they're transitioning from high school to college?

Sue Reeves 06:50

I think probably the biggest challenge they may face is not having had the opportunity or the practice of making decisions for themselves. IEP (Individualized Education Plan) meetings beginning at age 14 or so, or earlier, should include the student and should definitely include at least some portion of a goal that they'd like to meet. It's better, now... I've seen changes in the six years since Aggies Elevated has been around. In our very first cohort, some students had never been expected to do homework and that was a huge culture shock when they got to college and found that they actually had to do the work. The applicants that we're seeing now have much more experience in those kinds of things, making decisions and setting goals for themselves. But that's a big thing. They expect mom and dad to do it, a lot of times.

Tatiana Perilla 08:20

You mentioned IEP meetings and how they're supposed to be involved in it, I believe the wording you used was supposed to be, which is interesting. Because I've read about Person Centered Planning and the benefits of it. If you're going to come up with somebody's goals, it makes sense that they should be involved in identifying their goals and the processes.

Laughter

Sue Reeves 08:42

Yes.

Tatiana Perilla 08:43

I could understand how if they weren't using that sort of planning that maybe they're not used to making independent decisions and that would be one big challenge. Something else I was wondering about, though, is when they transition is there a change in what systems they interact with?

Sue Reeves 09:03

Yes, if I'm understanding your question correctly. In high school, accommodations and modifications to assignments in the curriculum are a given. That's part of the IEP process under IDEA. When they get to college, they have to make the appointment with the Disability Resource Center and request the accommodations. That means they're going to have to disclose their disability, which they may not want to do in college but it's all driven by the student. Parents can't do it for them, so that's a shift. It goes from just automatic to now it's the student's responsibility.

Tatiana Perilla 09:52

Yes, you did understand what I was asking. That's what I was wondering, that change in systems. In schools, I think there's a lot of supports that are sort of naturally there and it changes.

Sue Reeves 10:03

Yeah.

Tatiana Perilla 10:03

After we graduate, you have to start looking for things on your own, which I think everyone experiences but it's a bit different in this case.

Sue Reeves 10:14

Yeah. We, as a program, provide a lot of those supports that are not generally available unless there's a program like Aggies Elevated. Students can go to the DRC and get extended time on tests, or a reader, or a scribe, or audio books, or any of those types of accommodations. We provide peer mentoring, or additional homework support, or tutor support. That is something that students with disabilities who are on campus, but not in our program, don't have access to.

Tatiana Perilla 11:07

Yeah, sounds like it would be a challenge then if they're not involved in a similar program.

Sue Reeves 11:11

Yeah. Aggies Elevated is for students with intellectual disabilities, so they're the students who wouldn't be able to get traditional admission to the university. They typically don't have an ACT score or it's very low, so they don't meet the admission requirements. Other students with disabilities who do meet the admissions requirements typically don't have an intellectual disability. That's kind of the difference.

Tatiana Perilla 11:47

Okay, thank you. Something I was wondering about is... The pandemic is happening, as we all are aware of.

Sue Reeves 11:57

It is happening. *Laughter*

Tatiana Perilla 12:00

Yeah, it's happening. It's been going on for a little bit now. What are some challenges that you have seen with students coming back to campus during the pandemic? And what are some steps you guys have taken to address those challenges?

Sue Reeves 12:17

It's been interesting. Last semester actually went pretty well. After we transitioned to online in March, we kept up all of the same supports that we had provided before it just happened by Zoom. The students met with their mentors, and we did academic check-ins, and we did social events. We tried to provide the same experience that they would have had on campus. During the summer, as we were preparing for fall, we had no idea what it was going to look like. We've tried to plan for every possibility. We typically have a summer prep program, because our freshmen students participate in Connections, which a lot of freshmen take. We break down the reading into a weekly plan and discussion questions to help them prepare for the class when they get to campus. Instead of making that just a weekly online meeting, we added a second asynchronous aspect to it so they would be prepared. If they ended up getting to campus and having courses in-person, great. If we ended up not coming to campus, we tried to prepare for everything. The returning students are Zoom pros. They are amazing and the new students are doing really well. We've had some times where we've had to move things to Zoom for a couple days and they're adjusting great. They're doing well.

Tatiana Perilla 14:19

That's good to hear. It sounds like you almost have to have two plans going on at all times, like a backup plan in case we can't be on campus then this is what we have to do.

Sue Reeves 14:27

Kind of, yeah. All of the classes have Zoom links just ready to go and one of the things that we did do is make 'I can't wear a mask today' an excused absence from being in-person. They can join by Zoom. Because masks are required on campus and joining by Zoom is the only approved accommodation through the DRC. We just made it a thing, 'If you can't stand it today, that's fine. Just let us know and we'll Zoom you in.' We've had a couple people do that and it has worked fine. Logistically, it's a little weird but we make it work and they're doing really well.

Tatiana Perilla 15:24

I'm glad to hear that. Stepping back a little bit, so not just looking at the pandemic but before. In general, did you ever notice that there were more common mental health concerns that students with disabilities experienced transitioning from high school into college?

Sue Reeves 15:41

Yeah, our students with disabilities have the same kinds of mental health concerns as any other student coming to campus for the first time or returning to campus, just with that added layer of disability. We see a lot of anxiety, a lot of depression heading into midterms or finals or just coming from being away from home and away from the supports that they're used to having.

Tatiana Perilla 16:17

Thank you. In working with the students in Aggies Elevated, have there been any strategies or skills that you've noticed that they find particularly helpful with helping them manage their mental health?

Sue Reeves 16:34

Yeah, we use something called the Skills System. It was created by Dr. Julia Brown and it's a Dialectical Behavior Therapy based curriculum, specifically for people with intellectual disabilities. It breaks down DBT into nine skills. It's very step-by-step. It simplifies the language. It simplifies the concepts. You can go through it step-by-step and so that's kind of our common language within the program. All of the team members have these posters hanging in their offices. We have it in home base, which is our meeting space for study groups. It's in everyone's student handbook. It just is everywhere. We start teaching it in the summer prep class and it's infused in everything that we do. Last spring, after we went online, I had a couple students who had roommates who were Zoom-ing one evening to just check-in with each other. And they were doing the feelings rating scale and using the tools from the Skill System just on their own, as roommates hundreds of miles apart now. It was pretty cool to hear about it.

Tatiana Perilla 18:20

That's great! Because then you know it's working if they're using it in their own time, not just when they're required.

Sue Reeves 18:26

Exactly.

Tatiana Perilla 18:27

That's an accomplishment.

Sue Reeves 18:30

Our mentors as well have to become pretty fluent in it, because they are working with the students and they've said, 'Everybody needs to learn this, this is so helpful.' It makes me feel good that we can provide that kind of framework for everyone within the program. Then, hopefully, as they move on with their lives that'll be a skill that they have forever.

Tatiana Perilla 18:59

Thank you. I appreciate that answer for a number of reasons, in part, because just in conversations I've had it seems like there's this fear where... Like let's say a clinician has a client that has disability and they get overwhelmed. Because they think, 'Well, you know, what therapeutic modality am I going to use?' But it seems like you're using the same modality, just like you're talking about Dialectical Behavior Therapy, it's just how will you communicate some ideas? It's not a giant change like I think some people might think they have to do.

Sue Reeves 19:32

Yeah, and that's something we have run into or I've seen other clinicians... Either not believing that therapy can work with a person with an intellectual disability or that whatever behaviors they're seeing are just part of the disability and it's not really a mental health issue. People with disabilities have mental health issues, just like people without disabilities, and people with disabilities can benefit from therapy. You just have to change a little bit how you work with them, and I don't mean you have to change the theory or the modality or any of that. Language matters. Simple, straightforward language. The concepts are often difficult to understand because they're complicated. If you can break them down into a couple of different steps, that's helpful. Using bits and pieces of different modalities, or being... Calling it integrated counseling or an integrated approach. I can't think of the word I'm trying to say. But for example, my students are able to recognize a cognitive distortion, which is a concept from Cognitive Behavioral Therapy. Stopping an automatic thought, probably not going to happen very easily. Doing homework in Cognitive Behavioral Therapy, not going to happen without prompting from

the mentor or someone else. If you can take the parts that work and use them, there is potential for great success.

Tatiana Perilla 21:52

That's great. I loved everything you said. I think that's a big part of what MHDD is doing. It's fighting those same exact misconceptions that you're talking about, attributing mental health symptoms and saying, 'Oh, it's because their disability.' Diagnostic overshadowing.

Sue Reeves 22:10

Yes, exactly.

Tatiana Perilla 22:11

And that misconception that they can't benefit from therapy, whereas that's not true.

Sue Reeves 22:17

Not true at all. No.

Tatiana Perilla 22:20

Thank you. You worded that so well.

Sue Reeves 22:23

Thanks. *Laughter*

Tatiana Perilla 22:24

Next thing that I want to ask you is... I was told you guys recently were awarded a grant to help establish similar programs in the state. Congratulations.

Sue Reeves 22:34

Thanks.

Tatiana Perilla 22:35

How will other universities go about setting this up and helping students with IDD feel successful?

Sue Reeves 22:44

It probably won't look exactly like Aggies Elevated at USU. The grant that we received is a TPSID grant, Transition and Post Secondary Programs for Students with Intellectual Disabilities. It's the next version of the grant that we received in 2015. But we wrote this one in collaboration with

Utah Valley University (UVU), and USU Eastern, and actually UVU was the lead on this. We are in a consulting role or technical assistance. What this grant will do is establish Wolverines Elevated at UVU and Eagles Elevated at USU Eastern. Year one and year three, I believe in the grant, it's a five year grant. It will also help create the Utah Higher Education Inclusion Alliance, which will be sort of an umbrella organization to help other universities, beyond these three, to hopefully create programs at their institutions. We have a guiding framework sort of going forward, but every program will look different because each institution's culture is different. We're you know, urban-residential... Not sure, suburban maybe. UVU is urban commuter, and then USU Eastern is a rural residential program. It will look different everywhere. My hope is that they will see how wonderful the Skills System is and implement that, as we have done, in every aspect of the program to help support their students. And by teaching it from the beginning, when students are not having issues then they have the framework if mental health issues do come up later and even problem-solving skills. Problems, if you don't address them, like with a roommate for example, explode into much larger issues if you can't deal with them right away. So, we give them that framework to problem solve all of the things and so I'm hoping that the other programs under this grant will also use that framework.

Tatiana Perilla 25:48

I agree. It sounds like it's done your program a lot of good to use it. Something you mentioned earlier I'm going to come back to a little bit right now is how one of the challenges of transitioning from high school into college is that change in making independent decisions. Maybe not everyone is as familiar with doing that and it makes me think about the parents. What I'm curious about is...Is there anything that you think parents should know about supporting individuals with disabilities as they transition into higher education?

Sue Reeves 26:21

Yeah, there are a few things. Parents' roles change just as much as the students do. Parents go from being the advocate into more of an advisor role, where the students are going from the person being advocated for to becoming the self-advocate. It's transition for everyone. Also, it's hard to watch your kid leave the nest. It's just hard all around. Specifically, if your student has a mental health condition that they're getting treatment for in high school, whether they're seeing a counselor, medication, whatever. Please, please, please be sure that that support continues when they go to college. Wherever they are, these things are not going to go away when the student goes to college. If anything, it's exacerbated by the stress and homesickness and all of the things that every other freshman in the world experiences just gets that much more intense.

Tatiana Perilla 27:40

Thank you. So, continuing to support them and make sure that they keep using the same support that they had before as they go into college. That is important. That is something everyone should keep in mind.

Sue Reeves 27:54

Yes, it's hard. As someone whose kids have grown up and gone, it's hard to remember that they are now adults. And it's my role to step away and not give them advice unless they want it. That's maybe something that parents can also keep in mind. Your student is learning how to be an adult. They're gonna make mistakes, but they need to have the freedom and the support from you.

Tatiana Perilla 28:29

Yes. Yeah, that's another important concept that you're reminding me of right now. There's that right to self-determination, everyone has the right to make their own choices and make decisions about how to get to the goals that they are deciding on themselves. But along with that, because I hear about self-determination all the time, but then there's also dignity of risk. That's another right people have. You have to let people experience the consequences of their choices; everybody has that right.

Sue Reeves 28:58

Yeah, and I'm glad you brought up the dignity of risk, because that's something we talk to parents about. We may not do things the way that parents have done them in the past. We have certain expectations, and the consequences may not be what students have experienced in the past. We strive though to make Aggies Elevated a safe place to fail. We let them fail, if necessary. If they completely have not studied for a quiz and do poorly on it, our reaction is not to contact the professor and say, 'Oh, can they have another chance?' The strategy then is to say, 'Hmm, you had this quiz and you knew about it and you chose not to study. And this is what happened. What do you think might be another option for next time?' And problem solve with them. We're not going to make that mistake go away, but we're going to try and help you handle it better. Next time.

Sue Reeves 30:13

One of the things that we use in Aggies Elevated is a healthy relationships curriculum. by Elevatus. It's specifically about relationships for people with intellectual disabilities. We have had concerns in the past with students whose behavior was not appropriate for college. For example, texting someone a dozen times in a row, texting someone who doesn't want their attention. Understanding what is appropriate and what's not helps prevent Title Nine complaints, for example. We use this curriculum to help students understand not only when they're being potentially being inappropriate, but so that they can recognize if someone else is

being inappropriate with them. For example, touch or whatever the situation might be. Essentially, it's sex ed for people with intellectual disabilities and some parents have been opposed to that. But we feel very strongly that if the students don't have a vocabulary or language to use, if something were to happen, how are they going to report it and be able to do so accurately? That's something that we do that isn't always something that parents are thrilled about, but we feel that it's that important.

Tatiana Perilla 32:06

I think you're right. It is really important. Part of why I say that is because we did an interview with some directors from a domestic violence shelter and from an independent living center, and something they partnered on was getting a good sex ed out there because... It's preventative, in a way, it really is. Learning about healthy relationships and about sexual consent and what it looks like and what it doesn't look like, it is preventative. If something happens later on, they know that it's not okay and they can learn about how to report it. The fact that you're agreeing on this and they agreed on it, I think says something about how important it is. Last thing before we finish, is there anything else that you want to add? Is there maybe a key point or a takeaway that you want to share with our listeners?

Sue Reeves 32:57

I think we touched on it already, the couple different points... The diagnostic overshadowing, when we talk about mental health symptoms being just a part of someone's disability, recognizing that that is not the case. Sometimes it doesn't look like the DSM says it should look. But there are definitely ways that you can come to a diagnosis for a person who has that dual mental health and disability situation. People with disabilities can benefit from therapy and counseling, it just takes a little adjustment. It does not mean that you completely throw away the fidelity to the model, it doesn't mean that at all. And the dignity of risk, we have to let them try. We have to let them try and be there to support whatever the consequences. That's how people learn, you make mistakes and it's no different for people with disabilities. You can't just wrap them in bubble wrap and not let bad things happen. Not necessarily bad things, but let hard things happen. Otherwise... That's where the problem-solving comes in.

Tatiana Perilla 34:29

Thank you. Those were good ones to reiterate. That was the last question. I was going to ask one thing really fast, is there any resource that you would maybe recommend to mental health providers? If they are working with someone with a disability and they feel overwhelmed, is there any resource that they can look at?

Sue Reeves 34:30

Laughter The MHDD project, of course.

Tatiana Perilla 34:50

I'm not trying to plug us in. *Laughter*

Sue Reeves 34:53

I know. There is NADD, an organization for... The language seems kind of archaic, but it's the National Organization for the Dually Diagnosed, so mental health and intellectual and developmental disabilities. I believe the website is thenadd.org. They have resources for clinicians, direct service professionals, and organizations I believe. That would be a place to start. They have a really nice companion to the DSM, called the DM-ID-2. It follows the DSM, the Diagnostic and Statistical Manual of Mental Health, whatever it is, within the framework of disability. So, some disabilities do cause symptoms to present in a different way and so the DM-ID-2 is really helpful for that.

Tatiana Perilla 36:07

And that is specific to intellectual disabilities, correct?

Sue Reeves 36:10

It is. it is specific to intellectual disability. Yes.

Tatiana Perilla 36:13

I just wanted to clarify. Thank you. Okay. Thanks for joining me today, Sue.

Sue Reeves 36:20

You're so welcome. Thank you for having me. *Music*

Alex Schiwal 36:26

Thanks for listening to this episode of The MHDD Crossroads podcast, where we explore the intersection of mental health and developmental disabilities. Make sure to visit our website mhddcenter.org for more resources and training and follow us on social media @MHDDcenter. Thanks for listening. *Music*